Roanoke Valley-Alleghany Regional Commission (PDC 5) Coordinated Human Service Mobility Plan

Counties: Alleghany, Botetourt, Craig, Franklin, and Roanoke

Cities: Covington, Roanoke, and Salem

June 2008

prepared for
Virginia Department of Rail and Public Transportation

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**Roanoke Valley-Alleghany Regional Commission (RC) (PDC 5)
Coordinated Human Service Mobility Plan
June 2008**

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I.   Executive Summary

This Coordinated Human Service Mobility (CHSM) Plan is prepared in response to the coordinated planning requirements of SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act – A Legacy for Users, P.L. 190-059), set forth in three sections of the Act: Section 5316-Job Access and Reverse Commute, Section 5317- New Freedom Program and Section 5310-Elderly Individuals and Individuals with Disabilities Program. The coordinated plan establishes the construct for a unified comprehensive strategy for transportation service delivery in the Roanoke Valley-Alleghany Regional Commission Planning District (PDC 5) that is focused on unmet transportation needs of seniors, people with disabilities, and individuals of low income.

This CHSM Plan details the coordinated transportation planning process for PDC 5, and includes the following four required elements:

1. An assessment of available services identifying current providers (public and private).

    Information on available transportation services and resources in PDC 5 is included in Section VI.

2. An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes – this assessment can be based on the experiences and perceptions of the planning partners or on data collection efforts and gaps in service.

    For PDC 5, analysis of demographic and potential destinations is included in Section V, and assessment of unmet transportation needs and gaps is contained in Section VII.

3. Strategies and/or activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery.

    The 11 strategies identified during the planning process are located in Section VIII.

4. Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

The prioritized strategies and projects for implementation for PDC 5 are included in Section IX.

Approach to the CHSM Plan

Ultimately, the CHSM Plan must:

- Serve as a comprehensive, unified plan that promotes community mobility for seniors, persons with disabilities and persons of low income;

- Establish priorities to incrementally improve mobility for the target populations; and

- Develop a process to identify partners interested, willing and able to promote community mobility for the target populations.

To achieve these goals, the planning process involved:

- Quantitative analyses to identify resources, needs and potential partners;

- Qualitative activities included public meetings with major agencies and organizations funding human services, with representative direct service providers, and with consumers representing the target group constituencies; and

- An inventory of available public transit services was undertaken to provide initial informational tools to the target populations and their representatives.

In addition, this plan includes information on an ongoing structure for leading CHSM Plan updates and facilitating coordination activities in the region.

II.   Introduction

The Federal legislation that provides funding for transit projects and services includes new coordinated planning requirements for the Federal Transit Administration's Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (Job Access and Reverse Commute – JARC) and Section 5317 (New Freedom) Programs.   To meet these new requirements, the Virginia Department of Rail and Public Transportation (DRPT) undertook the development of Coordinated Human Service Mobility (CHSM) Plans for rural and small urban areas of the Commonwealth.   While these plans focus on the elements of the FTA coordinated planning requirements, as suggested by the title, these plans take a broad view of the mobility issues faced daily by older adults, people with disabilities and people with lower incomes in Virginia.

The CHSM Plans are organized geographically around 21 Planning District Commissions (PDCs) throughout the Commonwealth.   The PDCs have been chartered by the local governments of each planning district under the Regional Cooperation Act to conduct planning activities on a regional scale.

This CHSM Plan is for the Roanoke Valley-Alleghany Regional Commission (PDC 5). Shown in Figure 1, PDC 5 is located in the central region of the Commonwealth along the West Virginia border, and includes Alleghany, Botetourt, Craig, Franklin, and Roanoke Counties and the Cities of Covington, Roanoke, and Salem. Aside from a few major cities, PDC 5 is largely rural in nature with scattered populations and dispersed destinations, presenting distinct transportation needs for older adults, people with disabilities, and people with lower incomes.

 The plan development featured continuous input from local stakeholders. A series of workshops was conducted to gather input on unmet transportation needs and issues, and to reach consensus on specific strategies to address the mobility needs of older adults, people with disabilities, and people with lower incomes in the region.   More information on outreach activities is included in Section IV.

In addition, previous to the workshops the Center for Transportation Policy (CTP) completed a Public Mobility Project report in cooperation with PDC 5. This report is referenced appropriately in the CHSM Plan. The report's Executive Summary is included in Appendix A, and a full report is available at http://www.nrvpdc.org/publicmobility/Project.html.

Figure 1.   Geography of Roanoke Valley-Alleghany RC (PDC 5)
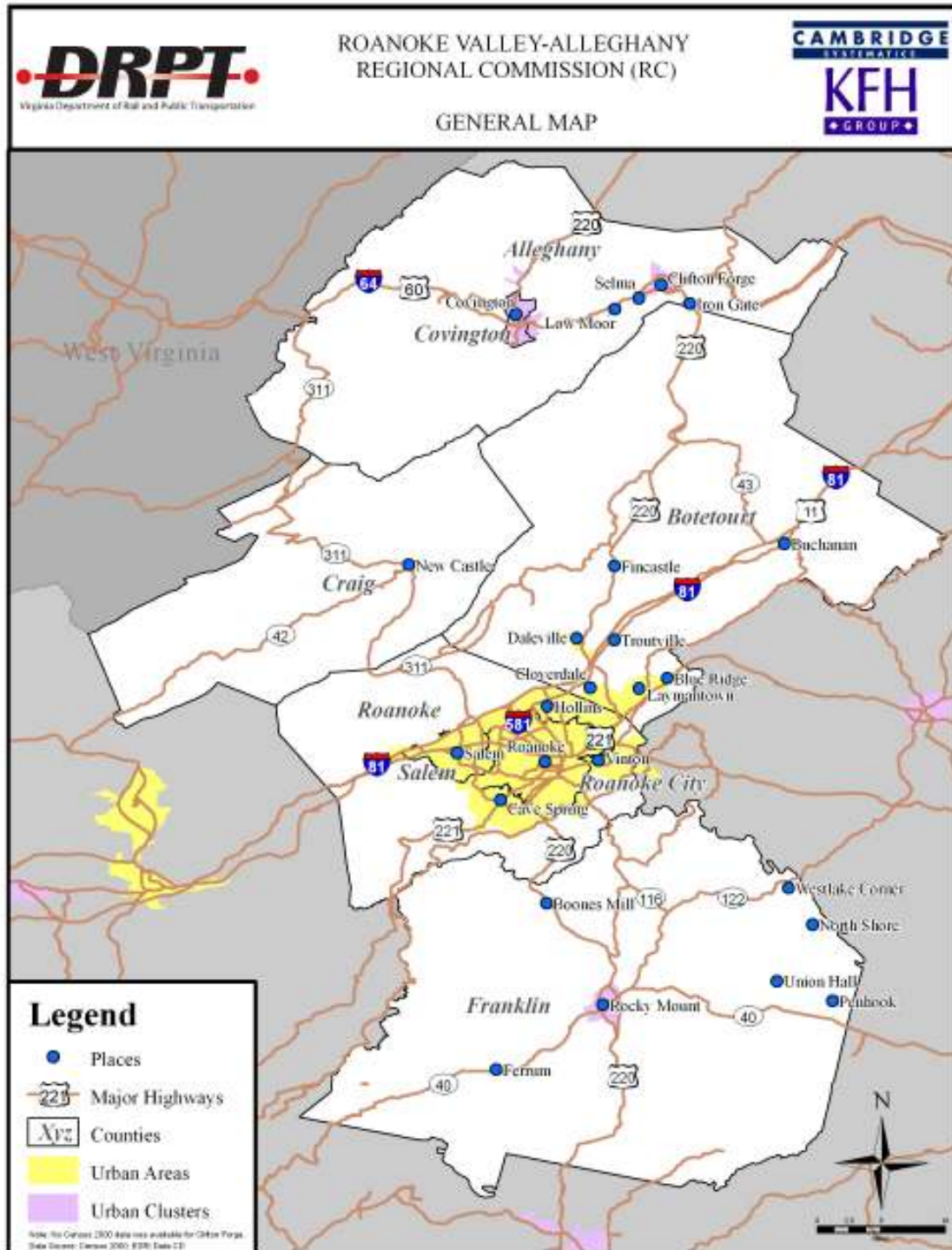
III.   Background

In August 2005, the President signed into law SAFETEA-LU, legislation that provides funding for highway and transit programs. SAFETEA-LU includes new planning requirements for the Federal Transit Administration's (FTA) Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (JARC) and Section 5317 (New Freedom) Programs, requiring that projects funded through these programs "must be derived from a locally developed, coordinated public transit- human services transportation plan."

In March 2006, FTA issued proposed circulars with interim guidance for Federal FY 2007 funding through the Section 5310, JARC, and New Freedom Programs, including the coordinated planning requirements. Circulars with final guidance were issued on March 29, 2007, with an effective date of May 1, 2007. The final guidance noted that all grant funds obligated in Federal FY 2008 and beyond must be in full compliance with the requirements of these circulars and the coordinated plan requirement[1]. As the designated lead agency and recipient of Federal transit funds in Virginia—including the Section 5310, JARC, and New Freedom Funds—DRPT led the development of CHSM Plans for rural and small urban areas to meet these new Federal requirements.

3.1   Coordinated Plan Elements

FTA guidance defines a coordinated public transit-human service transportation plan as one that identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes; provides strategies for meeting those local needs; and prioritizes transportation services for funding and implementation. In total, there are four required plan elements:

- Current Plan elements:

    o An assessment of available services that identifies current providers (public, private, and non-profit); and

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[1] The final guidance from FTA on the coordinated planning requirements for the Section 5310, JARC, and New Freedom Programs can be found in Appendix B.

- An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes.

- Strategies, activities, and/or projects to address the identified gaps and achieve efficiencies in service delivery; and

- Relative priorities for implementation based on resources, time, and feasibility for implementing specific strategies/activities identified.

3.2 Program Descriptions

Section 5310 (Elderly Individuals and Individuals with Disabilities)

The Federal grant funds awarded under the Section 5310 program provide financial assistance for purchasing capital equipment to be used to transport the elderly and persons with disabilities. Private non-profit corporations are eligible to receive these grant funds. The Section 5310 grant provides 80% of the cost of the equipment purchased, with the remaining 20% provided by the applicant organization. The 20% must be provided in cash by the applicant organization, and some non-transportation Federal sources may be used as matching funds.

Federal Section 5310 funds are apportioned annually by a formula that is based on the number of elderly persons and persons with disabilities in each State. DRPT is the designated recipient for Section 5310 funds in Virginia.

Section 5316 (JARC)

The JARC Program provides funding for developing new or expanded transportation services that connect welfare recipients and other low income persons to jobs and other employment related services. DRPT is the designated recipient for JARC funds in areas of the Commonwealth with populations under 200,000 persons. Projects are eligible to receive funding for both capital (80/20 match) and operating (50/50 match) costs.

From its inception in Federal FY 1999, the JARC program funds were allocated to States through a discretionary process. The SAFETEA-LU legislation changed the allocation mechanism to a formula based on the number of low-income individuals in each State. The legislation also

specifies that, through this formula mechanism, 20% of JARC funds allocated to Virginia must go to areas with populations under 200,000.

Mobility management projects are eligible for funding through the JARC Program, and are considered an eligible capital cost. Therefore, the Federal share of eligible project costs is 80% (as opposed to 50% for operating projects). Additional information on potential mobility management projects is included in Appendix C.

Section 5317 (New Freedom Program)

The New Freedom Program provides funding for capital and operating expenses designed to assist individuals with disabilities with accessing transportation services, including transportation to and from jobs and employment support services. Projects funded through the New Freedom Program must be both new and go beyond the requirements of the Americans with Disabilities Act (ADA) of 1990.

New service has been identified by FTA as any service or activity not operational prior to August 10, 2005 and one without an identified funding source as of August 10, 2005, as evidenced by inclusion in the Transportation Improvement Plan (TIP) or the State Transportation Improvement Plan (STIP).

Similar to the JARC Program, DRPT is the designated recipient for New Freedom funds in areas of the State with populations under 200,000 persons. Similar to JARC, a total of 20% of New Freedom funds are allocated to these areas. Projects are eligible to receive funding for both capital (80/20 match) and operating (50/50 match) costs. Also, like JARC, mobility management projects are eligible for funding and are considered an eligible capital expense.

An overview of these FTA Programs is included in Table 1.

Table 1.   Program Information

FTA Program	Match Ratios
S. 5310 – Elderly and Disabled	<u>Capital Only</u>: 80% Federal 20% Local
S. 5316 – JARC	<u>Capital</u>: 80% Federal 20% Local <u>Operating</u>: 50% Federal 50% Local
S. 5317 – New Freedom	<u>Capital</u>: 80% Federal 20% Local <u>Operating</u>: 50% Federal 50% Local

<u>Matching Funds for Section 5310, JARC, and New Freedom Programs</u>

FTA guidance notes that matching share requirements are flexible to encourage coordination with other Federal programs. The required local match may be derived from other non-Department of Transportation Federal programs. Examples of these programs that are potential sources of local match include employment training, aging, community services, vocational rehabilitation services, and Temporary Assistance for Needy Families (TANF).

More information on these programs is available in Appendix D, and on the United We Ride Website at http://www.unitedweride.gov. United We Ride is the Federal initiative to improve the coordination of human services transportation.

3.3 Coordination of Public Transit and Human Service Transportation in PDC 5

As part of its outreach efforts in the coordinated transportation planning process, DRPT hosted a series of regional workshops in each PDC. Details regarding the outreach efforts in PDC 5 are outlined in the next section. The initial workshop included a discussion of current and potential efforts to improve coordination of public transit and human services

transportation. Participants also discussed ways to improve mobility options for older adults, people with disabilities, and people with low incomes. This general discussion highlighted various functions to improve coordination of services:

- Goals of Coordination:

    o More cost-effective service delivery

    o Increased capacity to serve unmet needs

    o Improved quality of service

    o Services which are more easily understood and accessed by riders

- Benefits of Coordination:

    o Gain economies of scale

    o Reduce duplication and increase efficiency

    o Expand service hours and area

    o Improve the quality of service

- Key Factors for Successful Coordination:

    o Leadership – Advocacy and support; instituting mechanisms for coordination

    o Participation – Bringing the right State, regional, and local stakeholders to the table

    o Continuity – Structure to assure an ongoing forum, leadership to keep the effort focused, and respond to ever-changing needs

A more specific discussion that occurred at the local workshop identified Roanoke Area Dial-A-Ride (RADAR) as the key agency for providing coordinated service in PDC 5. More information on RADAR services is included in the "Table 3 Inventory of Available Services" in Section VI of this plan. In addition, the Center for Transportation Policy report referenced in the Introduction Section focused on ways to coordinate human services transportation in the region and included a resources manual to assist with these efforts.

IV. Outreach Efforts

FTA guidance notes that States and communities may approach the development of a coordinated plan in different ways. Potential approaches suggested by FTA include community planning sessions, focus groups, and surveys. DRPT took a broad approach that would help ensure the participation of key stakeholders at the local level throughout the development of this plan. It included the development of an extensive mailing list, a series of local workshops, and numerous opportunities for input and comments on unmet transportation needs and potential strategies and projects to improve mobility in the region.

4.1 Invitations to Participate in Plan Development

The development of the invitation list for all potential regional workshop attendees capitalized on the established State Interagency Transportation Council, which includes the Departments of/for Rail and Public Transportation; Rehabilitative Services; the Aging; the Blind and Vision Impaired; Medical Assistance Services; Mental Health, Mental Retardation and Substance Abuse Services; Social Services; and Health; as well as the Office of Community Integration (Olmstead Initiative) and the Virginia Board for People with Disabilities. Representatives of each agency were asked to attend at least one of the regional CHSM planning workshops, and to inform and invite other interested staff from their agency or agencies with whom they contract or work. In addition, special contacts by DRPT were made with each PDC Executive Director regarding the need for PDC participation, leadership, and involvement in the regional CHSM workshops. A presentation was also made during a conference of PDC staff to obtain input on the CHSM workshops and encourage involvement by the PDCs.

Key stakeholders throughout the Commonwealth also received digital invitations from Matthew Tucker, Director of DRPT. The invitation was forwarded to the Executive Director of all primary agencies responsible for providing or arranging human service transportation, and any entity that has previously participated in the Section 5310 Program.

Overall, eight broad categories of agencies received invitations (total number of agencies per category in the Commonwealth included in parentheses):

- <u>Community Services Boards (CSBs) and Behavioral Health Authorities (BHAs).</u> These boards provide or arrange for mental

health, mental retardation, and substance abuse services within each locality. (40 total)

- Employment Support Organizations (ESOs). These organizations provide employment services for persons with disabilities within localities around the State. (48 total)

- Area Agencies on Aging (AAAs). These organizations offer a variety of community-based and in-home services to older adults, including senior centers, congregate meals, adult day care services, home health services, and Meals-on-Wheels. (22 total)

- Public Transit Providers. These include publicly or privately owned operators that provide transportation services to the general public on a regular and continuing basis. They have clearly published routes and schedules, and have vehicles marked in a manner that denotes availability for public transportation service. (50 total)

- Disability Services Boards. These boards provide information and resource referrals to local governments regarding the ADA, and develop and make available an assessment of local needs and priorities of people with physical and sensory disabilities. (41 total)

- Centers for Independent Living (CILs). These organizations serve as educational/resource centers for persons with disabilities. (16 total)

- Brain Injury Programs that serve as clubhouses and day programs for persons with brain injuries. (12 total)

- Other appropriate associations and organizations, including Alzheimer's Chapters, American Association of Retired Persons, and the VA Association of Community Services Boards (VACSB).

4.2 Regional Workshops

DRPT conducted an initial round of regional workshops throughout Virginia, and representatives of PDC 5 participated in the Blacksburg workshop on May 15, 2007.   This workshop included an overview of the new Federal requirements and Virginia's approach, information on the Section 5310, JARC, and New Freedom Programs, and a presentation of the Census-based demographic data for the region.

The workshop also included the opportunity to gain input from participants on unmet transportation needs and gaps. The majority of time in the workshop was dedicated to obtaining input on the local transportation needs of older adults, people with disabilities, and people with lower incomes, and on available transportation resources.

Participants from PDC 5 were invited to a subsequent workshop, held in Blacksburg, VA on November 14, 2007. This workshop focused on potential strategies and projects to meet the needs identified in this plan, and the priorities for implementation. Participants provided comments on the proposed strategies, and approved the ones included in Section VIII.

A third workshop for PDC 5 was held in Roanoke, VA on May 14, 2008. This workshop included a review of the April 2008 CHSM Plan and final agreement on the components of this June 2008 version. The coordinated planning participants also provided a more formal endorsement of the CHSM Plan that is detailed in Section X. The workshop also featured an announcement from DRPT regarding the next application cycle.

A full listing of workshop participants is included in Appendix E.

4.3 Opportunities to Comment on Plan

In addition to the comments obtained during the regional workshops, local stakeholders received preliminary portions of this plan to review, as well as draft versions of the entire plan. Their comments were incorporated into this CHSM Plan.

V. Demographics and Potential Destinations

To provide an informational framework for Roanoke Valley-Alleghany RC's Coordinated Human Service Mobility plan, data on the three potentially transit dependent populations and on potential destinations were collected and analyzed using Geographic Information Systems (GIS) and other data analysis tools.

5.1 Methodology

The process of assessing transportation needs was a multi-part effort that involved reviewing and summarizing the demographic characteristics of the PDC and the potential destinations, which reflect potential travel patterns of residents. To evaluate transportation needs specific to each population group, Census 2000 data for persons over age 60, persons with disabilities (age 5 and over), persons below the poverty level, as well as autoless households, were mapped. Autoless households are a helpful indicator of areas that are more likely to need transportation options because residents do not have access to a personal vehicle or cannot drive for various reasons.

The underlying data at the block group level is shown in Appendix F. Mapping out the geographic distribution of each group allowed a visual representation of the analysis of high, medium, and low levels of transportation need throughout the region. Numbers for these four groups were then combined into aggregate measures of transportation need, allowing evaluation of need by both density and percentage of potentially transit-dependent persons. This population profile was used to identify areas of the PDC that have either high densities of persons in need of transportation services or high percentages of the population with such needs. General population density was also mapped to give an idea of the PDC's density compared to the maps of the numbers of people in each key population segment.

The results of the process are summarized as follows and are intended to help identify: 1) those geographic areas of the PDC that have high relative transportation needs and whether these areas are served by existing transportation services, and 2) the potential destinations that older adults, people with disabilities, and people with lower incomes need transportation to access.

5.2 Demographics

Population Density

Population density is an important indicator of how rural or urban an area is, which in turn affects the types of transportation that may be most viable. While fixed-route transit is more practical and successful in areas with 2,000 or more persons per square mile, specialized transportation services are typically a better fit for rural areas with less population density.

As shown in Figure 2:

- The vast majority of the region has a low-density population, with only a few areas with a population of over 500 people per square mile.

- Covington, Salem, Hollins, Vinton, Roanoke, and Cave Spring have block groups with more than 2,000 persons per square mile.

- These cities, along with Clifton Forge, Cloverdale, Laymantown, and Rocky Mount, also have population densities in the medium and low range, between 500 and 2,000 persons per square mile.

Number of Older Adults, People with Disabilities, and People with Lower Incomes

The numbers of older adults, people with disabilities, and people with lower incomes were mapped in Figures 3, 4, and 5, respectively. While these Figures are helpful indicators of the physical distribution of these population segments, it is important to remember that these numbers cover large areas; therefore, density or a lack thereof will be important in considering the types of transportation that can best serve these populations.

As shown in Figure 3:

- Aside from two small areas in Alleghany County and a few patches outside of Roanoke, which are in the low range, the rest of Roanoke Valley-Alleghany's block groups contain more than 100 older adults.

- The majority of the PDC, including all of Craig County and nearly all of Botetourt and Franklin Counties, has a high number of older adults per census block group.

- Eastern Botetourt County, western Alleghany and Roanoke Counties, and a western strip in Franklin County are in the medium range, with 100-200 older adults per block group.

As shown in Figure 4:

- The western half of Craig County and a few patches outside Roanoke and Rocky Mount are the only areas with a high number of persons with disabilities.

- Eastern Craig County, the majority of Alleghany County, Covington, Clifton Forge, Fincastle, Cloverdale, Cave Spring, Boones Mill, Rocky Mount, Ferrum, Westlake Corner, and North Shore are among areas with a medium number (100-200) of persons with disabilities per block group.

- A central portion of Botetourt County, western Roanoke County, and patches of Alleghany and Franklin Counties and Salem and Roanoke Cities have block groups in the low range with less than 100 persons with disabilities.

As shown in Figure 5:

- The western half of Craig County, Clifton Forge, and a few patches outside Roanoke and Rocky Mount are the only areas with a high number of persons below poverty.

- Eastern Craig and Alleghany Counties, northern Covington, the majority of Franklin County, and patches of Roanoke City and Botetourt County have block groups in the medium range.

- The majority of Alleghany, Botetourt, and Roanoke Counties have less than 100 persons below poverty per block group.

Autoless Households

Persons who have limited access to or ability to use a car rely on other transportation options, including public transit services operated in the

region and on human service organization-provided transportation that is generally restricted to agency clients.

As shown in Figure 6:

- Western Craig County, northern Covington, Clifton Forge, and patches of Roanoke City have block groups with more than 100 autoless households.

- Northwestern Roanoke County, Blue Ridge, Boones Mill, Rocky Mount, and parts of Covington, Clifton Forge, Roanoke, and Salem Cities have 50-100 autoless households per block group.

- The majority of the PDC has less than 50 autoless households per block group.

Ranked Density and Percentage

As described earlier, the numbers of older adults, persons with disabilities, and persons living below poverty, along with the number of autoless households were combined into an aggregate measure for transportation need. Because an individual may belong to more than one of the key population segments, the absolute numbers of these populations cannot simply be added together to obtain a total number of transportation dependent persons. To minimize counting such individuals multiple times when considering all the population segments together, each population segment is ranked. Then all the rankings are summarized to ascertain the block groups' overall ranking for potentially transit dependent persons. This overall ranking was first done by density, which helps identify areas with high concentrations of persons who are likely to have transportation needs.

As shown in Figure 7:

- The highest concentration of potentially transit dependent persons is in Covington, Clifton Forge, Salem, Roanoke, Hollins, Vinton, Cave Spring, and Rocky Mount.

- The next highest ranking block groups are located directly outside these towns, as well as in Iron Gate, Cloverdale, and Blue Ridge.

- The majority of the PDC is in the low range for relative transit need based on ranked density.

The block groups were also ranked overall by percentage. Unlike the density ranking that portrays the concentration of transportation dependent persons, the percentage ranking captures the proportion of people within a block group that likely has transportation needs. The percentage ranking indicates that there are potentially transit dependent persons throughout the region that may not live in dense clusters.

As shown in Figure 8:

- The results of this ranking show a greater distribution of block groups in the high range.

- Western Alleghany and Craig Counties, Covington, Clifton Forge, Iron Gate, Buchanan, Blue Ridge, Rocky Mount, and the Roanoke City area have block groups with high relative transit need based on ranked percentage.

- The remaining portions of the region mostly have medium relative transit need by ranked percentage.

- Southwestern and central Botetourt County and parts of Alleghany, Roanoke, and Franklin Counties have relatively low proportions of transit dependent persons.

Figure 2.   Population Density
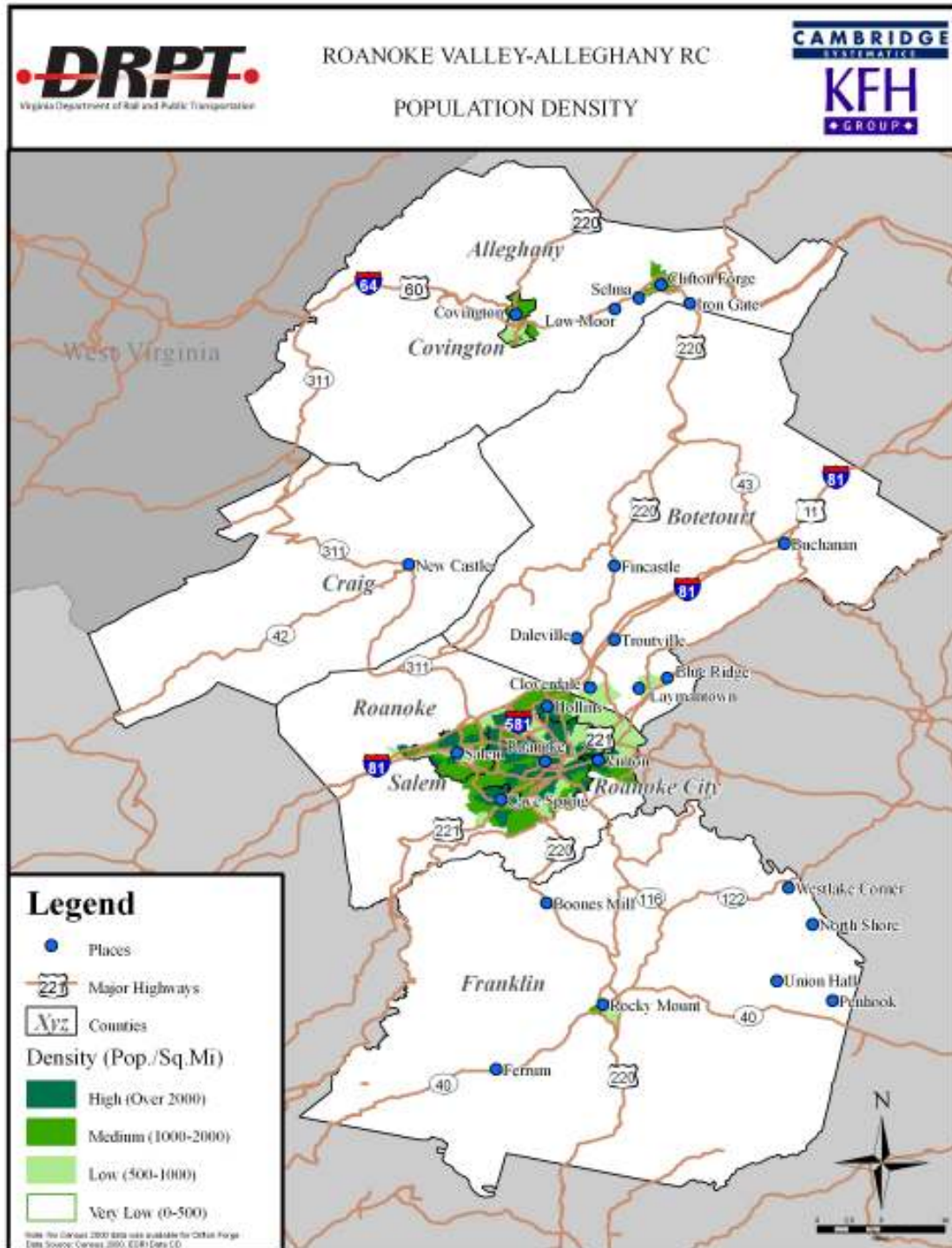
Figure 3.   Persons Age 60 and Older Per Census Block Group
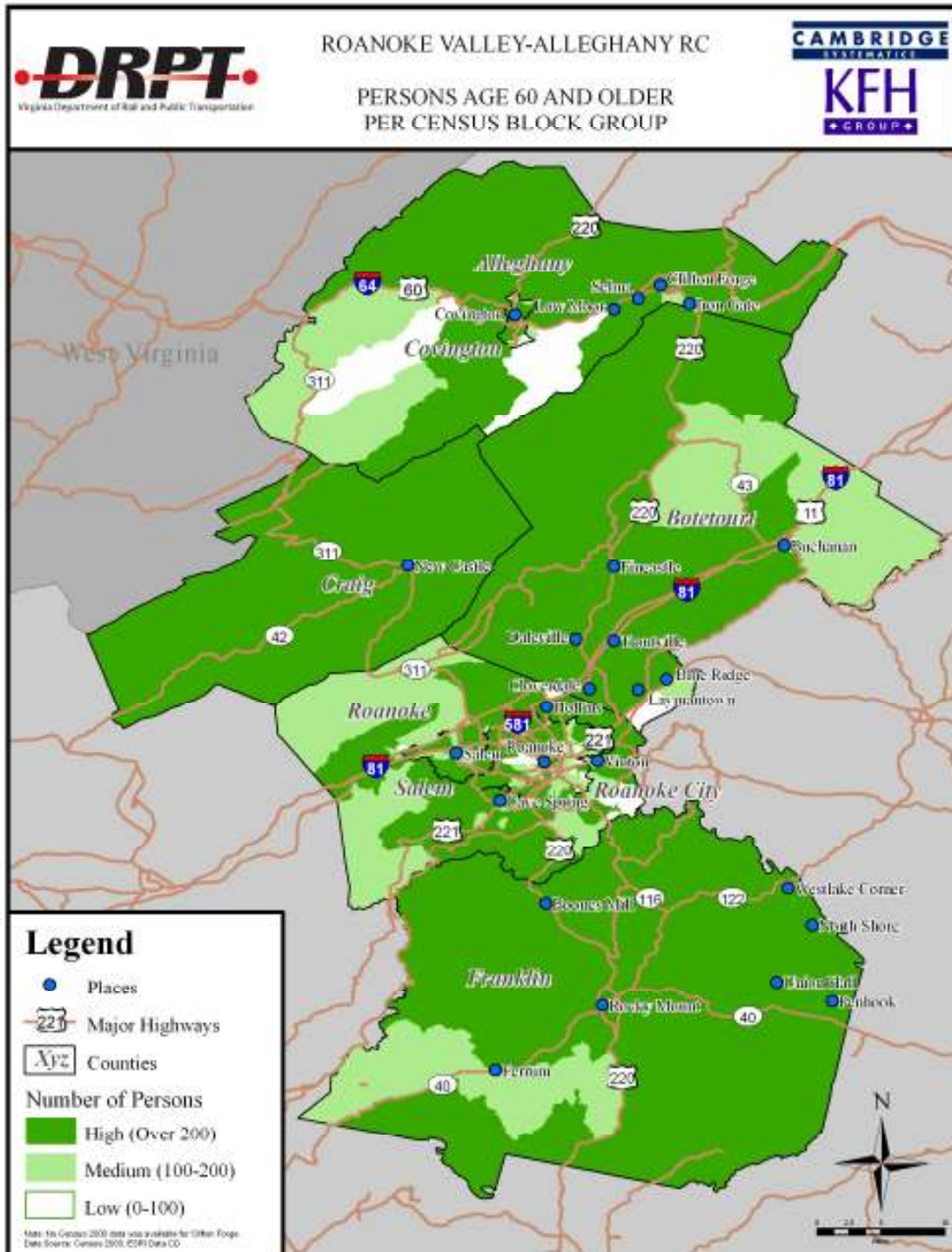
Figure 4.   Persons With Disabilities Per Census Block Group
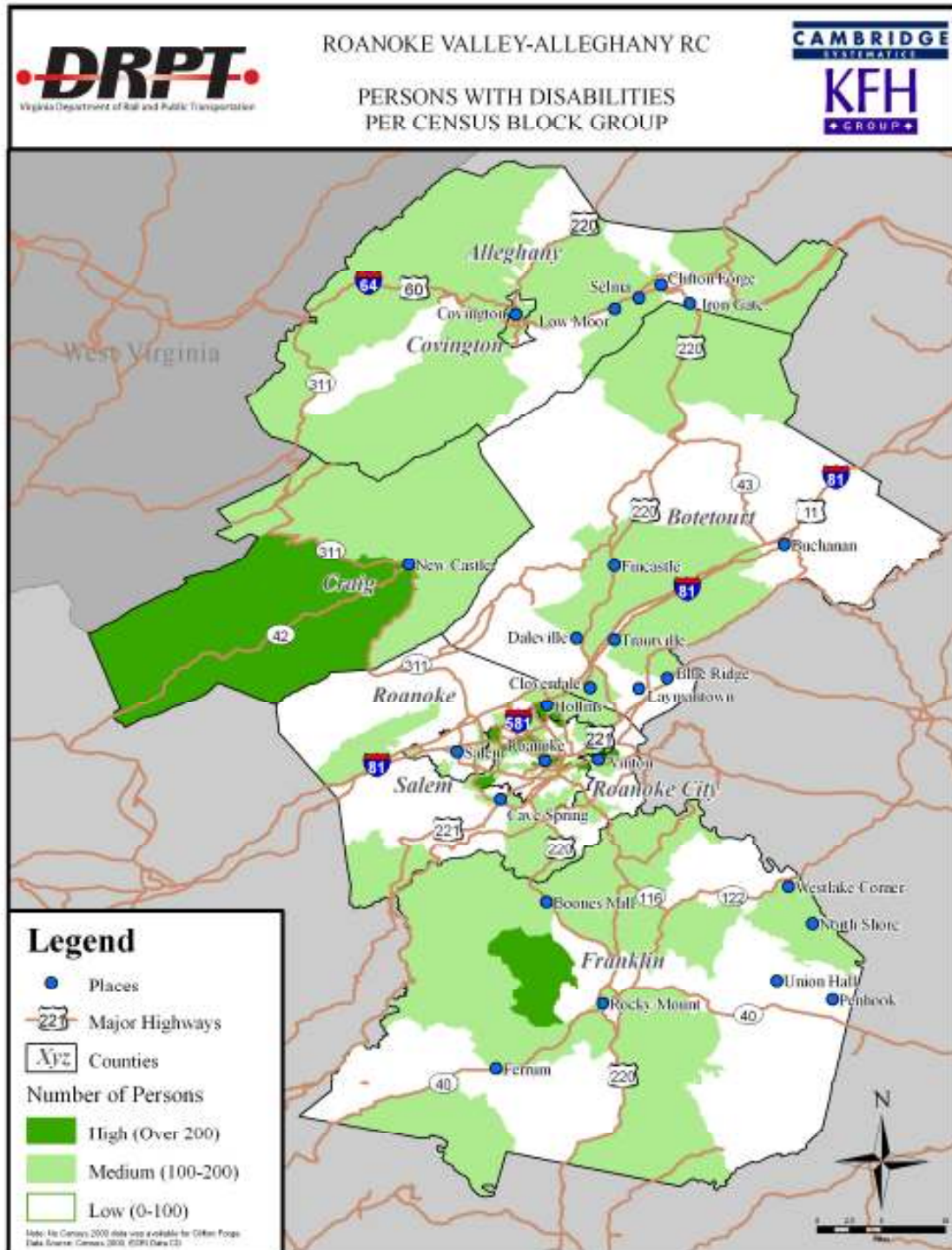
Figure 5.   Persons Below Poverty Per Census Block Group
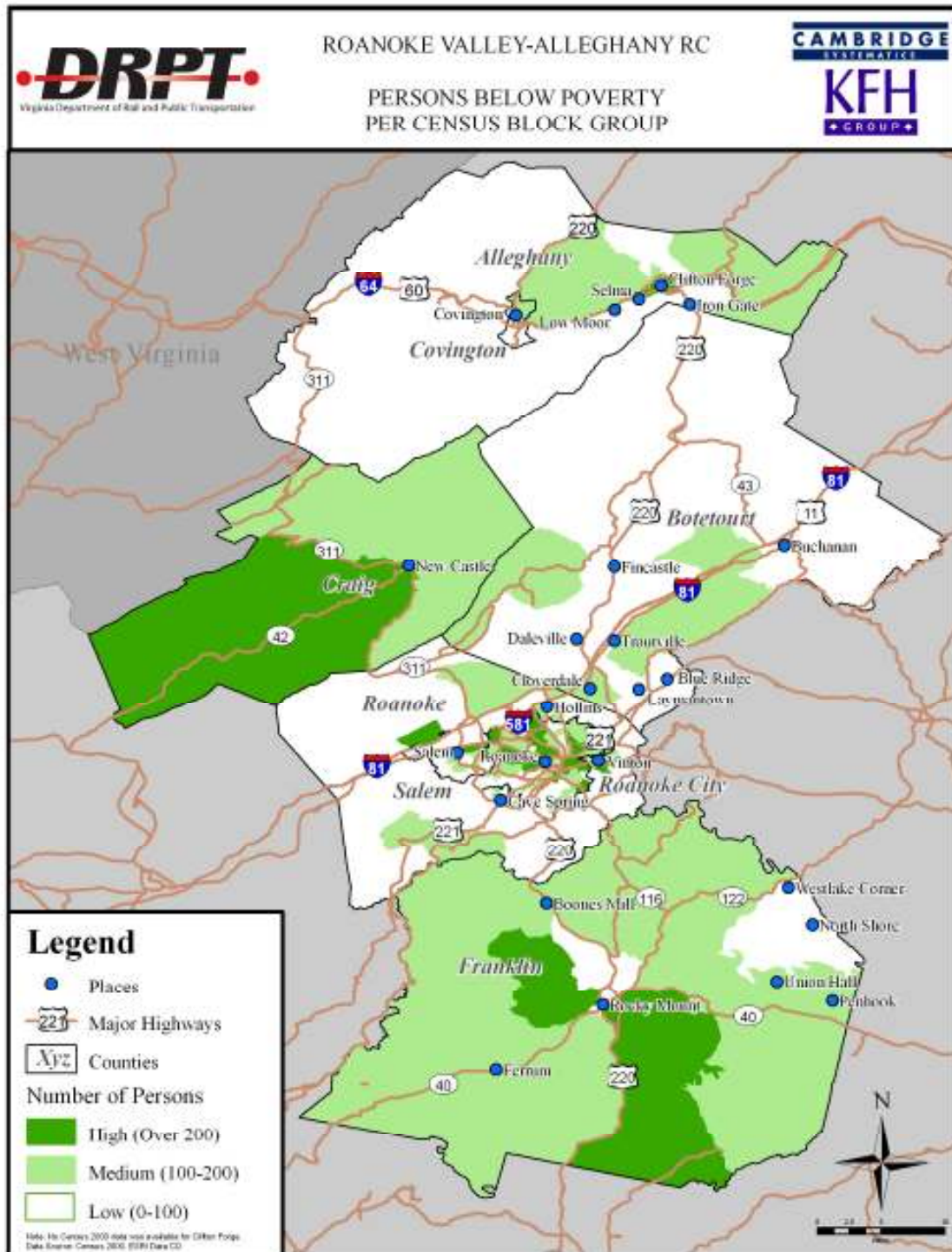
Figure 6.   Autoless Households Per Census Block Group
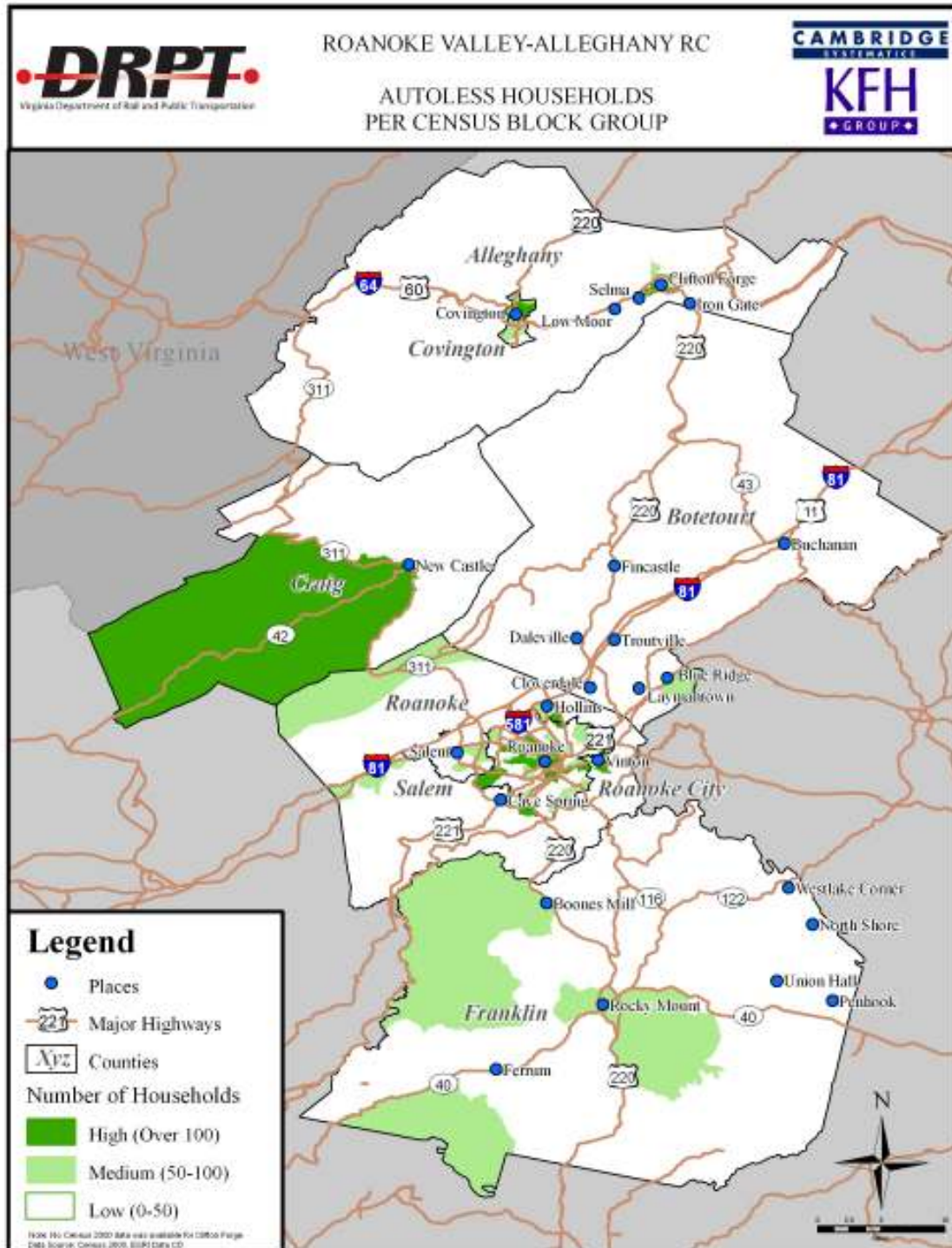
Figure 7.   Transit Need by Ranked Density of Transit Dependent Persons
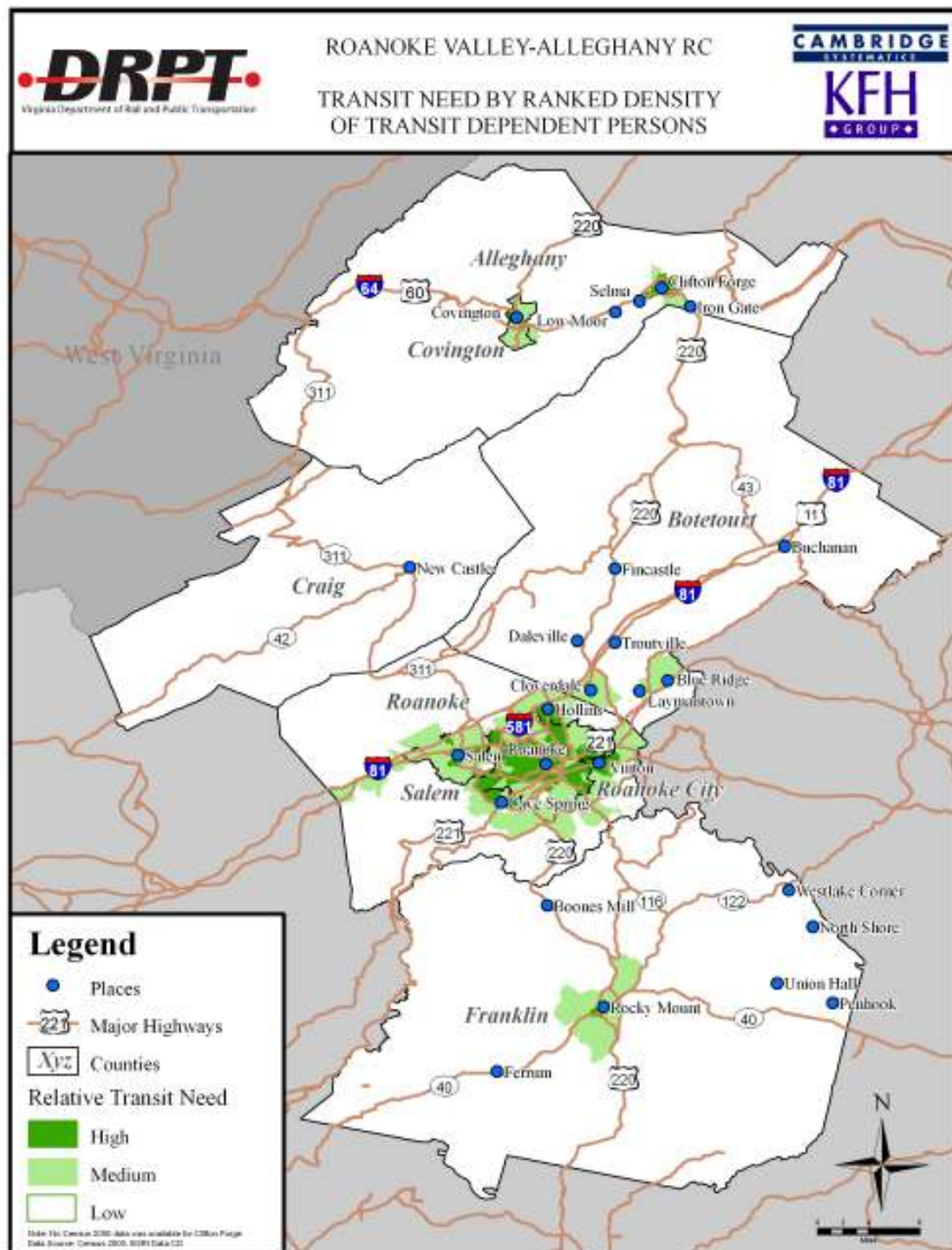
Figure 8.   Transit Need by Ranked Percentage of Transit Dependent Persons
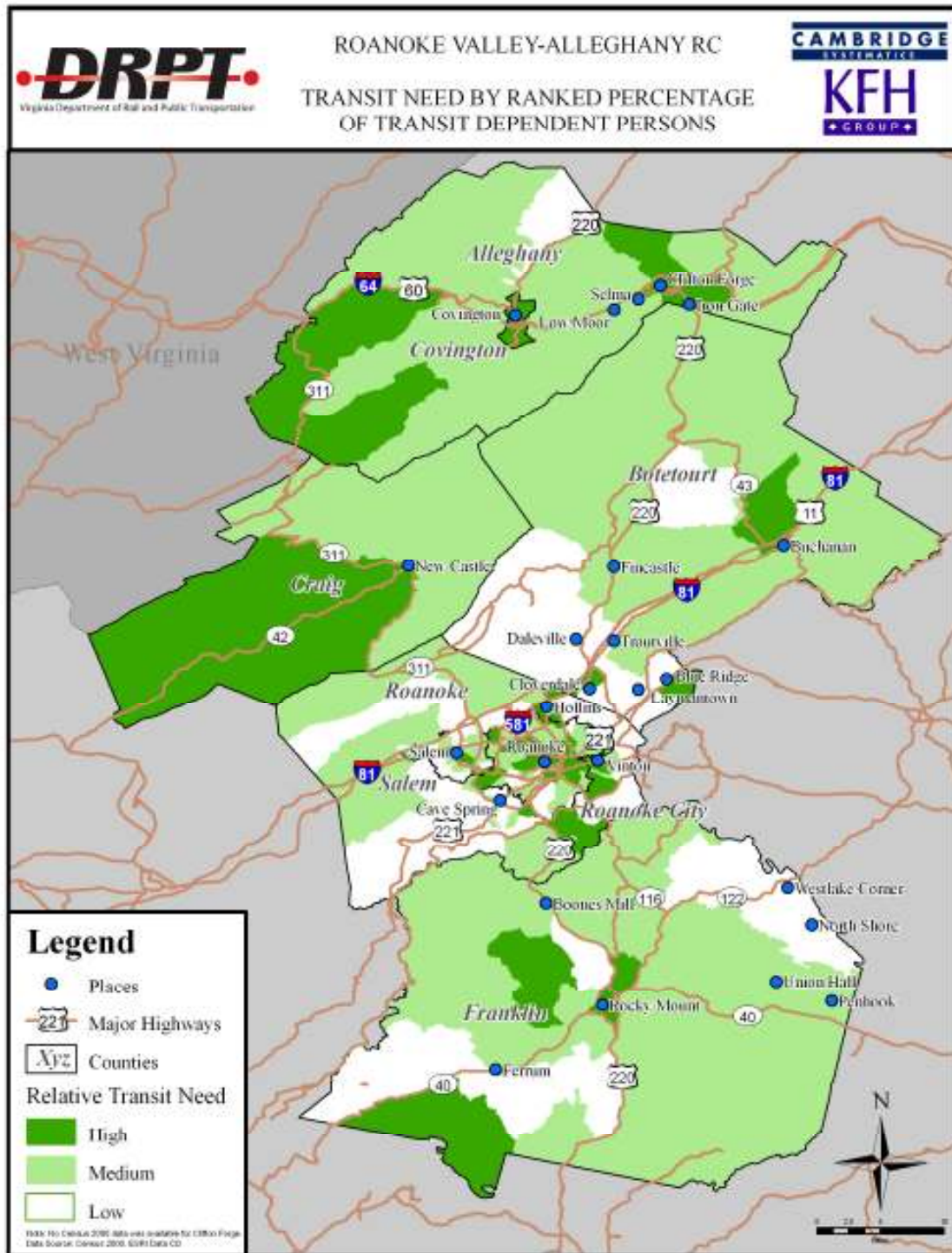
5.3 Potential Destinations

Potential destinations are places that residents are attracted to for business, medical services, education, community services, or recreation. They include major employers, medical facilities, educational facilities, human services agencies, and shopping destinations. These destinations were identified using local websites and resources and supplemented with research through online search engines such as Google. Input regarding key destinations, including transportation facilities, obtained at the regional workshops was also incorporated into this plan. The potential destinations were then mapped with GIS to give a visual representation of popular places to which transportation may be requested by older adults, people with disabilities, and people with lower incomes. The potential destinations are shown in Figure 9; Table 2 lists the details of the potential destinations.

As shown in Figure 9:

- Potential destinations are concentrated mainly in Covington, Roanoke, Hollins, Salem, and Rocky Mount, with a number in New Castle, Fincastle, Vinton, and Cave Spring as well.

- Craig County has fewer potential destinations than the other counties in the region.

Figure 9.   Potential Destinations
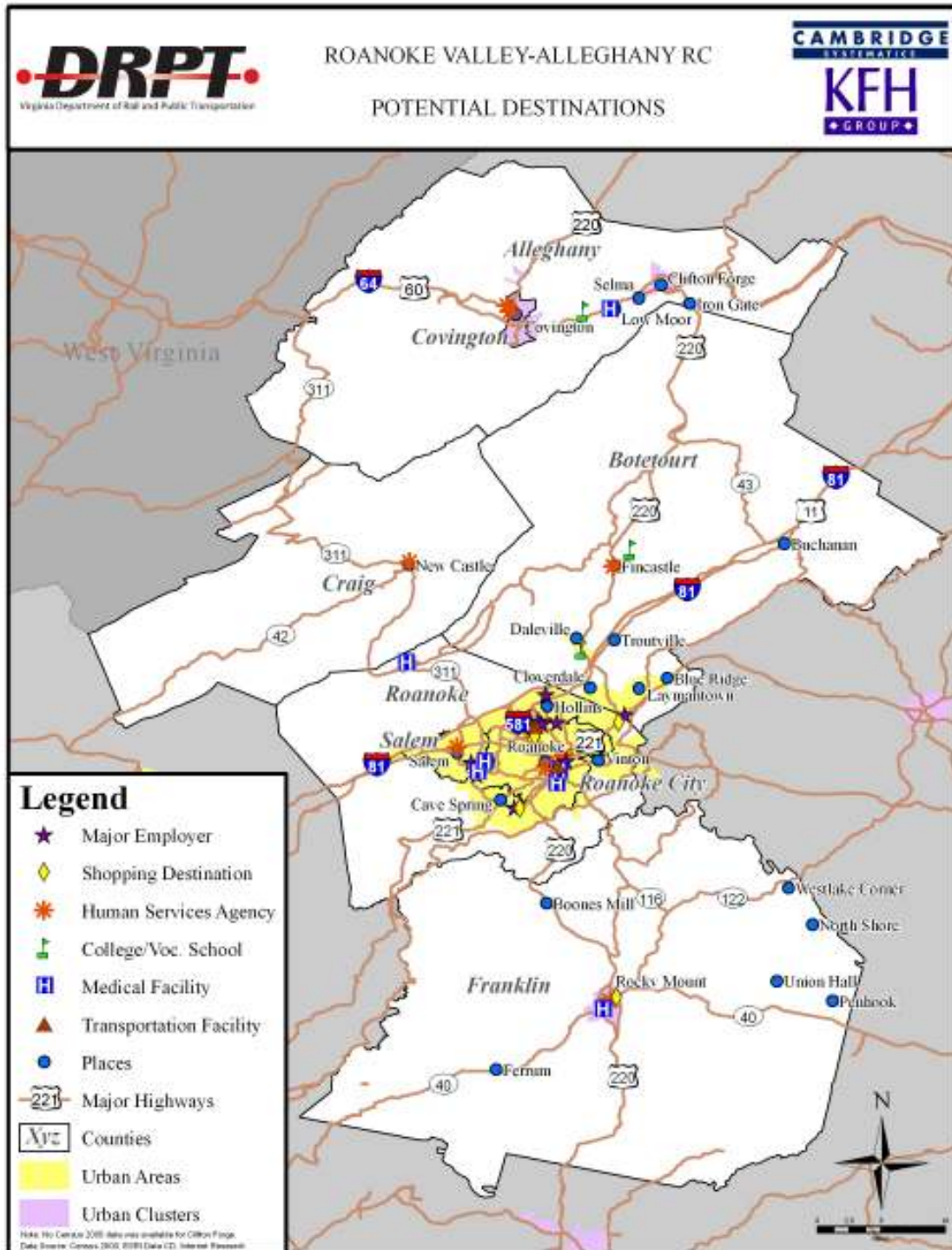
Table 2.   Potential Destinations

Roanoke Valley-Alleghany RC (PDC 5)

Destinations

Type	Name	Address	City	County
College/Voc School	Arnold R. Burton Technology Center	1760 Blvd	Salem	Salem City
College/Voc School	Botetourt Technical Education Center	253 Poor Farm Rd	Fincastle	Botetourt
College/Voc School	Greenfield Education and Training Center	57 South Center Dr	Daleville	Botetourt
College/Voc School	Jackson River Technical Center	105 E Country Club Ln	Covington	Covington City
Human Services Agency	Botetourt County Department of Social Services (DSS)	20 S Roanoke St	Fincastle	Botetourt
Human Services Agency	Craig County Department of Social Services (DSS)	Court St	New Castle	Craig
Human Services Agency	Franklin County Workforce Development Consortium	70 Wray St	Rocky Mount	Franklin
Human Services Agency	LOA - Area Agency on Aging, Inc. (AAA)	706 Campbell Ave SW	Roanoke	Roanoke City
Human Services Agency	Department of Human Resources and Workforce Development/ Blue Ridge Behavioral Healthcare	301 Elm Avenue SW	Roanoke	Roanoke City
Human Services Agency	Roanoke City Department of Social Services (DSS)	1510 Williamson Rd NE	Roanoke	Roanoke City
Human Services Agency	Roanoke VEC Field Office	5060 Valley View Blvd NW	Roanoke	Roanoke City
Human Services Agency	Western VA Workforce Development Board	108 N Jefferson St	Roanoke	Roanoke City
Human Services Agency	Roanoke County Department of Social Services (DSS)	220 E Main St	Salem	Salem City
Human Services Agency	Alleghany-Covington Department of Social Services (DSS)	110 Rosedale Ave	Covington	Covington City
Human Services Agency	Covington VEC Field Office	106 N Maple Ave	Covington	Covington City
Major Employer	ITT Industries	7635 Plantation Rd	Roanoke	Roanoke City
Major Employer	Advance Stores Company, Inc.	5673 Airport Rd	Roanoke	Roanoke City
Major Employer	Anthem Blue Cross and Blue Shield	602 S Jefferson St	Roanoke	Roanoke City
Major Employer	Atlantic Mutual Insurance	1325 Electric Rd	Roanoke	Roanoke City
Major Employer	Allstate Insurance Co., Inc.	3800 Electric Rd	Roanoke	Roanoke City
Major Employer	Carilion Health System	451 Kimball Ave NE	Roanoke	Roanoke City
Major Employer	HSN Fulfillment LLC	1 Avery Row	Roanoke	Roanoke City
Major Employer	United Parcel Service	3941 Thirlane Rd NW	Roanoke	Roanoke City
Major Employer	Verizon Communications	4843 Oakland Blvd	Roanoke	Roanoke City
Major Employer	Wachovia Bank N.A.	201 S. Jefferson St	Roanoke	Roanoke City
Major Employer	General Electric Company	5234 Airport Rd NW	Roanoke	Roanoke city
Major Employer	Yokohama Tire Corporation	1500 Indiana St	Salem	Salem City
Medical	Alleghany Regional Hospital	1 Arh Ln	Low Moor	Alleghany
Medical	Carilion Franklin Memorial Hospital	180 Floyd Ave	Rocky Mount	Franklin
Medical	Catawba Hospital	5525 Catawba Hospital Dr	Catawba	Roanoke
Medical	Carilion Roanoke Memorial Hospital	1906 Belleview Ave	Roanoke	Roanoke
Medical	Lewis-Gale Medical Center	1900 Electric Rd	Salem	Roanoke
Medical	Carilion Roanoke Community Hospital	101 Elm Ave, SE	Roanoke	Roanoke City
Medical	Salem VA Medical Center	1970 Roanoke Blvd	Salem	Salem City

Roanoke Valley-Alleghany RC (PDC 5)

Destinations

Type	Name	Address	City	County
Shopping	Wal-Mart Supercenter Store	550 Old Franklin Tpke	Rocky Mount	Franklin
Shopping	Wal-Mart Supercenter Store	4524 Challenger Ave	Roanoke	Roanoke City
Shopping	Wal-Mart Supercenter Store	4807 Valley View Blvd NW	Roanoke	Roanoke City
Shopping	Target	4737 Valley View Blvd NW	Roanoke	Roanoke City
Shopping	Tanglewood Mall	4420 Electric Rd	Roanoke	Roanoke City
Shopping	Valley View Mall	4802 Valley View Blvd	Roanoke	Roanoke City
Transportation	Campbell Court Transfer Station	17 West Campbell Ave	Roanoke	Roanoke City
Transportation	Greyhound Terminal	26 Salem Ave SW	Roanoke	Roanoke City
Transportation	Roanoke Regional Airport	5202 Aviation Dr NW	Roanoke	Roanoke City

VI. Assessment of Available Transportation Services and Resources

In planning for the development of future strategies to address service gaps, it was important to first perform an assessment of the transportation services in PDC 5. This process included prior knowledge of transportation services in the region, and collection of basic descriptive and operational data for the various programs through a facilitated session at the initial workshop where participants were guided through a catalog of questions. Also, a brief, two-page questionnaire was used to assist in the data collection effort, and was distributed at regional workshops. Participants who provide transportation service were requested to complete the survey and send them back for additional documentation.

Table 3 highlights the inventory of available services by provider as identified at the initial workshop. In some cases, an agency/provider was recognized as a transportation provider in the region but was not in attendance. These providers are listed and their associated information is presented by using other sources, including website information and/or via phone interview.

Table 3.   Inventory of Available Services

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Destinations, etc.)	(4) # of Trips
a) Roanoke Area Dial-A-Ride (RADAR)	Rural general public transit services and specialized transit, contracts with human service agencies	55 vehicles (2/3 are accessible)	Fixed-routes, deviated fixed-routes, demand-response, and special trips; Monday – Friday/Saturday, 5:45 AM – 12:00 AM (both vary by contract); fares also vary by contract; service covers the Lower Roanoke Valley, Allegheny and Franklin Counties, Town of Clifton Forge, and also regional colleges	176,000 annually
b) Goodwill Industries	Developmentally disabled clients	7-8 vehicles in Roanoke, 7 vehicles in Rocky Mt/Franklin County	3 major locations (Roanoke, Radford, and Rocky Mountain/Franklin County), service Monday – Friday, 7:00 AM – 4:00 PM	
c) LogistiCare (serves all of VA through 7 regions)	Broker for non-emergency transportation for Medicaid; Only transports eligible Medicaid recipients and some Medicare		Reservations 24/7 by call center;	60,000 trips per week Statewide
d) Greater Roanoke Transit Company, Valley Metro*	General public	42	Fixed routes, fare $1.50, $.75 for Medicare, seniors, disabled. Demand-response, special event shuttles, commuter bus between Roanoke and New River Valley.	2,000,000
e) Local Office on Aging (LOA)*				

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Destinations, etc.)	(4) # of Trips
f) Virginia Medical Transport*				
g) Guardian*				
h) Blue Ridge Medical Transport*				
i) Virginia Premier*				

*Not present at the workshop.

More detailed information regarding these providers can be found at their websites, where available:

Goodwill Industries: http://www.goodwill-the-valleys.com/

RADAR: http://www.radartransit.org/

Valley Metro: http://www.valleymetro.com/

LogistiCare: http://www.logisticare.com/

Figure 10 portrays the service area of the public transit providers in PDC 5. RADAR and the Greater Roanoke Transit Company, locally known as Valley Metro, are the providers that serve the general public. Route maps, where available, for the public transit providers are included in Figure 11; only Valley Metro's System Map was readily available at its website.

Section 5310
The following organizations were recent recipients of vehicles through the Section 5310 program:

- RADAR
- Southern Area Agency on Aging

Private Transportation Providers
In addition, several private transportation providers that provide service in the region were identified via input from the workshop and internet research:

- Liberty Cab, Roanoke, VA
- North West Cab, Roanoke, VA
- Quality Transportation Taxi Cab Co., Roanoke, VA
- Speedy Cab Co., Vinton, VA
- Yellow Cab, Roanoke, VA

Figure 10. Service Area of Public Transit Providers
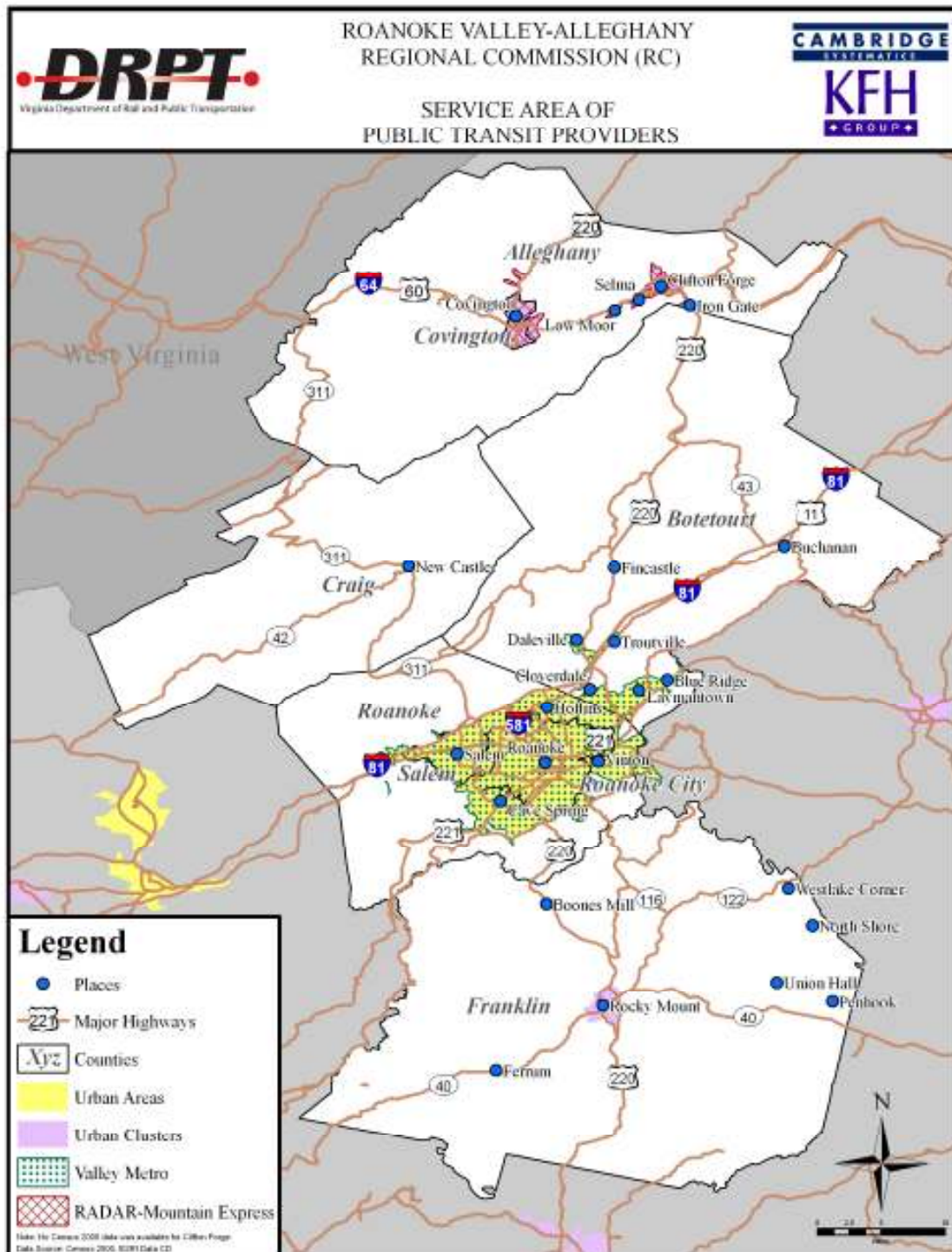
Figure 11. Valley Metro System Map
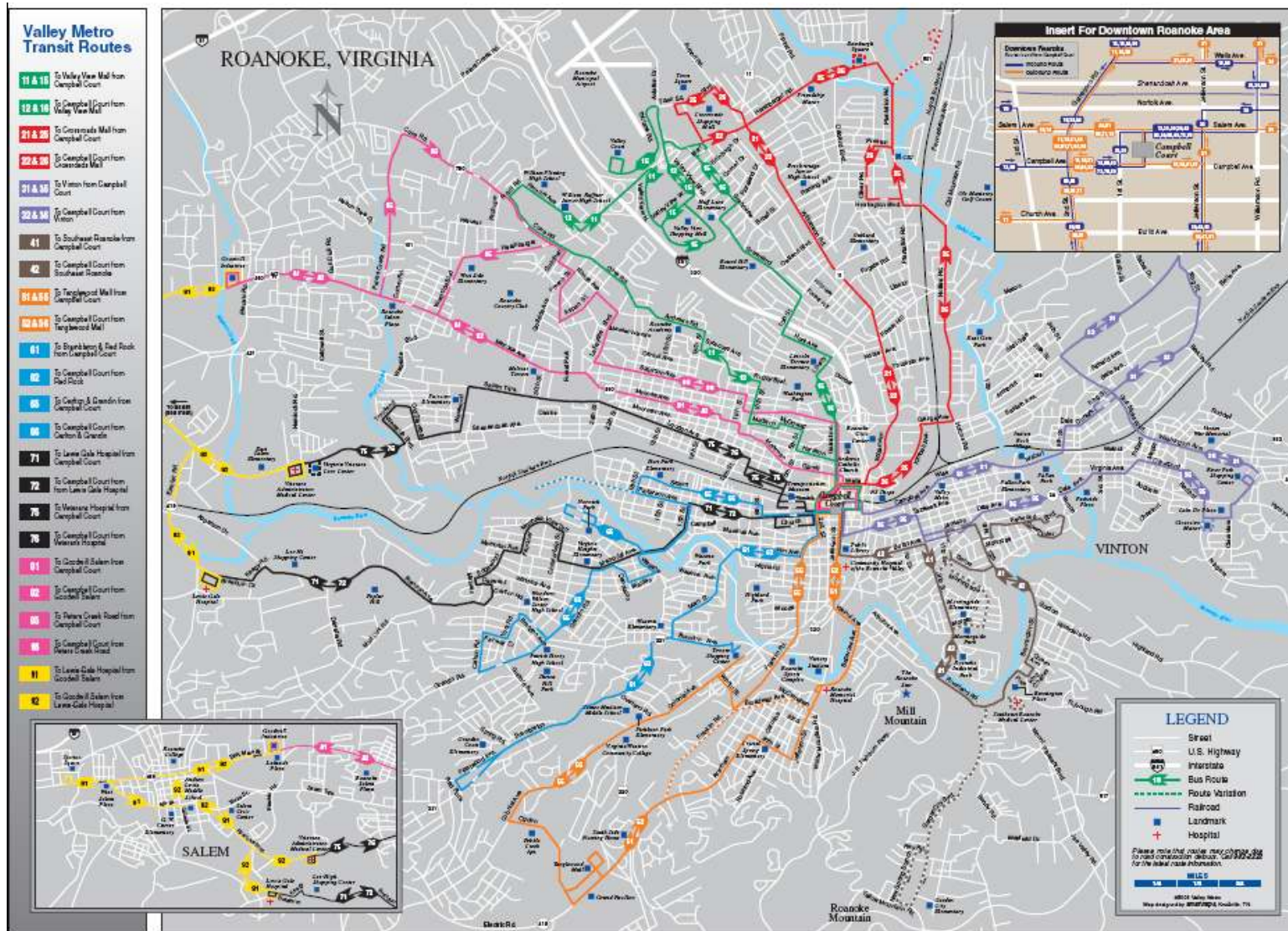
Source: Valley Metro Website, http://www.valleymetro.com/files/2006%20System%20Map.pdf

VII. Assessment of Unmet Transportation Needs and Gaps

An important step in completing this plan includes the identification of unmet transportation needs or service gaps. In addition to analyses based on demographics and potential destinations, local providers and key stakeholders provided input on the PDC's needs and gaps. This in-depth needs assessment provides the basis for recognizing where and how service for the region needs to be improved. In some cases, maintaining and protecting existing services is identified as a need.

Participants at the initial Blacksburg workshop from PDC 5 provided input on specific unmet transportation needs in the region. The input focused on the targeted population groups for the Section 5310, JARC, and New Freedom Programs (older adults, people with disabilities, people with lower incomes). The discussion also highlighted specific need characteristics, including trip purpose, time, place/destination, information/outreach, and travel training/orientation. .

The vast majority of needs identified by workshop participants were described as "cross-cutting" – a need of all three population groups. Unless otherwise noted, each of the following was identified as a cross-cutting need:

Trip Purpose

- Trips to medical services not covered by Medicaid.

- Appropriate vehicles through Section 5310 program to support provision of services in rural areas.

Time

- Transportation services on weekends, especially for people with disabilities and people with lower incomes.

- Adequate frequency of services during summer months.

- Expanded transportation options to access jobs that require second and third shift work.

Place/Destination

- Transportation gap in rural areas.

- Transportation provided by human service agencies constrained by jurisdictional boundaries.

- Limited or no demand-response service outside fixed-route service areas.

Information/Outreach

- Public service announcements and education efforts at the State level through DRPT so that local providers can spend less on marketing.

- Increased education in use of services.

- Improved branding of services to create more positive image of transit.

- Outreach to doctor offices to help coordinate appointments with available transportation services.

- Educate human service agencies on available transportation services.

- Educate customers about how transportation services are provided, including how demand influences its provision and factors that constrain services.

Travel Training/Orientation

- Some customers need additional assistance, but concerns where providers should draw the line when providing assistance.

Other

- Federal and state requirements for vehicle types may not be suitable for rural environments, and need flexibility to adapt to different situations.

- Operating funds for providing services with Section 5310-funded vehicles.

In addition, the Center for Transportation Policy report, noted in the Introduction, included information on the unmet transportation needs in PDC 5. See Appendix A for the report's Executive Summary, which outlines the study's findings on the region's unmet needs.

VIII. Identified Strategies

Coupled with the need to identify service gaps is the need to identify corresponding strategies intended to address service deficiencies. Based on the assessment of demographics and potential destinations, and especially the unmet transportation needs obtained from key local stakeholders in the region, a preliminary list of strategies was generated. These "strategies" differ from specific projects in that they may not be fully defined – projects would require an agency sponsor, specific expenditures, etc. The strategies were then presented at the second workshop for input and ownership. Ultimately, the 11 strategies listed below were endorsed by the workshop participants.

1. Continue to support and maintain capital needs of coordinated human service/public transportation providers.

2. Support new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation.

3. Expand availability of demand-response service and specialized transportation services to provide additional trips for older adults, people with disabilities, and people with lower incomes.

4. Provide flexible transportation options and more specialized transportation services or one-to-one services through expanded use of volunteers.

5. Provide targeted shuttle services to access employment opportunities.

6. Expand outreach and information on use of available mobility options in the region.

7. Establish a ride-sharing program for long-distance medical transportation.

8. Implement new public transportation services or operate existing public transit services on a more frequent basis.

9. Expand access to taxi services and other private transportation operators.

10. Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.

11. Bring new funding partners to public transit/human service transportation.

IX. Priorities for Implementation and Potential Projects

Identification of priorities for implementation was based on feasibility for implementing the specific strategies. All of the strategies discussed during the second workshop that are eligible for funding from Section 5310, 5316, or 5317 programs are considered priorities. Based on this process, 11 specific strategies to meet the needs in PDC 5 were identified (as noted in Section VIII) as the priorities and included in the region's CHSM Plan.

These strategies are detailed in this section to include the multiple unmet transportation needs or issues each addresses, possible projects that correspond to each strategy, and potential funding sources through the three programs that require this coordinated plan.

While potential projects that could be implemented to fulfill these strategies are included, please note that this list is not comprehensive and other projects that meet the strategy would also be considered.

Strategy: Continue to support and maintain capital needs of coordinated human service/public transportation providers.

To implement strategies to expand mobility options for older adults, people with disabilities, and people with lower incomes in the region, maintaining and building upon the current capital infrastructure is crucial to the community transportation network. Appropriate vehicle replacement, vehicle rehabilitation, vehicle equipment improvements, and acquisition of new vehicles will help ensure the region can maintain and build upon its current public transit and human service transportation. Emphasis should be on supporting transportation providers that are coordinating services to the maximum extent possible to ensure the most efficient use of resources in the region.

Unmet Need/Issue Strategy Will Address:

- Maintain existing transportation services and available mobility options for older adults, people with disabilities, and people with lower incomes.

- Appropriate vehicles through Section 5310 program to support provision of services in rural areas.

- Transportation gaps in rural areas.

Potential Funding Sources:

- Section 5310
- New Freedom
- JARC

Possible Projects:

- Capital expenses to support the provision of transportation services to meet the special needs of older adults, people with disabilities, and people with lower incomes.

- Capital needs to support new mobility management and coordination programs among public transportation providers and human service agencies providing transportation.

Strategy: Support new mobility management and coordination programs among public transportation and human service agencies providing transportation.

While some coordination of services is already in place in the region, it was recognized that there are opportunities to build upon these successful efforts and improve connections between providers, and expand access both within and outside the region. A mobility management strategy can be employed that provides the support and resources to explore these possibilities and put into action the necessary follow-up activities.

Unmet Needs/Issues Strategy Will Address:

- Trips to medical services not covered by Medicaid.

- Transportation gaps in rural areas.

- Transportation provided by human service agencies constrained by jurisdictional boundaries.

- Increased education in use of services.

- Improved branding of services to create more positive image of transit.

- Outreach to doctor offices to help coordinate appointments with available transportation services.

- Educate human service agencies on available transportation services.

- Educate customers about how transportation services are provided, including how demand influences its provision and factors that constrain services.

Potential Funding Sources:

- New Freedom
- JARC
- Section 5310
- Section 5311/ Section 5311 (f)

Possible Projects:

- Mobility manager to facilitate cooperation between transportation providers:

    - Helping establish inter-agency agreements for connecting services or sharing rides.

    - Exploring opportunities to share maintenance, training, and other resources.

    - Arranging trips for customers as needed.

- Facilitate access to transportation services and serve as information clearinghouse and central point of access on available public transit and human services transportation in region.

- Implement voucher program through which human service agencies are reimbursed for trips provided for another agency based on pre-determined rates or contractual arrangements.

Strategy: Expand availability of demand-response service and specialized transportation services to provide additional trips for older adults, people with disabilities, and people with lower incomes.

The expansion of current demand-response and specialized transportation services operated in the region is a logical strategy for improving mobility for older adults, people with disabilities, and people with lower incomes. This strategy would meet multiple unmet needs and issues while taking advantage of existing organizational structures. Operating costs -- driver salaries, fuel, vehicle maintenance, etc. -- would be the primary expense for expanding services, though additional vehicles may be necessary for providing same-day transportation services or serving larger geographic areas.

Unmet Needs/Issues Strategy Will Address:

- Trips to medical services not covered by Medicaid.

- Transportation services on weekends, especially for people with disabilities and people with lower incomes.

- Transportation gaps in rural areas.

- Transportation provided by human service agencies constrained by jurisdictional boundaries.

- Limited or no demand response service outside fixed route service areas.

Potential Funding Sources:

- New Freedom
- JARC
- Section 5310
- Section 5311/ Section 5311 (f)

Possible Projects:

- Implement new or expand current demand-response systems to serve additional trips.

- Expand demand-response services for customers who do not qualify for Medicaid-funded transportation.

- Expand hours, days and/or service area of current demand response systems to meet additional transportation needs.

Strategy: Provide flexible transportation options and more specialized transportation services or one-to-one services through expanded use of volunteers.

A variety of transportation services are needed to meet the mobility needs of older adults, people with disabilities, and people with lower incomes in the region. Customers may need more specialized services beyond those typically provided through general public transit services, and the rural nature of the region is often not conducive for shared ride services. Therefore, the use of volunteers may offer transportation options that are difficult to provide through public transit and human service agency transportation. Volunteers can also provide a more personal and one-to-one transportation service for customers who may require additional assistance.

Unmet Needs/Issues Strategy Will Address:

- Some customers need additional assistance, but concerns where providers should draw line when providing assistance.

- Transportation gaps in rural areas.

- Trips to medical services not covered by Medicaid.

Potential Funding Sources:

- New Freedom

Possible Projects:

- Implement new or expanded volunteer driver program to meet specific geographic, trip purpose, or timeframe needs.

Strategy: Provide targeted shuttle services to access employment opportunities.

Limited transportation services to access employment opportunities could be addressed through the implementation of shuttle services designed around concentrated job centers. These concentrated job opportunities provide central employment destinations that could potentially be served via targeted shuttle services. Locating a critical mass of workers is the key for this strategy to be effective. This strategy may also provide a mechanism for employer partnerships.

Unmet Needs/Issues Strategy Will Address:

- Expanded transportation options to access jobs that require second and third shift work.

Potential Funding Sources:

- JARC

Possible Projects:

- Operating assistance to fund specifically-defined, targeted shuttle services.

- Capital assistance to purchase vehicles to provide targeted shuttle services.

Strategy: Expand outreach and information on use of available mobility options in the region.

A greater emphasis can be placed not just on the coordination of actual services, but also on outreach and information sharing to ensure people with limited mobility are aware of the transportation services available to them. Possibilities include a more formal organizational structure for coordination, such as a mobility manager whose activities could include the promotion of available transportation services.

Unmet Needs/Issues Strategy Will Address:

- Increased education in use of services.

- Improved branding of services to create more positive image of transit.

- Outreach to doctor offices to help coordinate appointments with available transportation services.

- Educate human service agencies on available transportation services.

- Educate customers about how transportation services are provided, including how demand influences its provision and factors that constrain services.

Potential Funding Sources:
- New Freedom
- JARC

Possible Projects:

- Mobility manager to facilitate access to transportation services and serve as information clearing-house on available public transit and human services transportation in region.

- Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.

- Implement mentor/advocate program to connect current riders with potential customers for training in use of services.

Strategy: Establish a ride-sharing program for long-distance medical transportation.

This strategy would use this commuter-oriented model as a basis for developing a ride-sharing program for long distance medical trips. A database of potential drivers and riders could be kept with a central "mobility manager," who would match the trip needs with the available participating drivers. The riders would share the expenses with the drivers on a per-mile basis (i.e. similar to mileage reimbursement). This strategy could be a cost-effective way to provide long-distance medical trips without sending a human service or public transit vehicle out of the region for a day. This strategy could be implemented in conjunction with a broader mobility management program.

Unmet Needs/Issues Strategy Will Address:

- Trips to medical services not covered by Medicaid.

Potential Funding Sources:

- New Freedom
- Section 5311 / Section 5311(f)

Possible Projects:

- Development of a ride-share matching database that could be used to effectively match potential drivers with people who need rides.

- Development of volunteer driver program to provide long distance medical trips.

- Funding of new inter-regional routes or connecting services to link with the national network of intercity bus services.

Strategy: Implement new public transportation services or operate existing public transit services on a more frequent basis.

Documented in Section VI, the public transit services in PDC 5 outside the Covington, Clifton Forge, Roanoke, and Salem urban areas are limited from both geographic and time perspectives. Expanded hours of service and area coverage can be considered to expand mobility options in the region and as appropriate transition from demand–response to scheduled services.

Unmet Needs/Issues Strategy Will Address:

- Transportation services on weekends, especially for people with disabilities and people with lower incomes.

- Adequate frequency of services during summer months.

Potential Funding Sources:

- JARC
- Section 5310
- New Freedom
- Section 5307
- Section 5311 / Section 5311(f)

Possible Projects:

- Increase frequency of public transit services as possible.

- Convert demand-response services to fixed schedule or fixed route services as possible.

Strategy: Expand access to taxi services and other private transportation operators.

As noted in Section VI, the taxi services and private transportation providers in the region are limited. However, for evenings and weekends and for same-day transportation needs, these services may be the best options for area residents; albeit one that is more costly to use. By subsidizing user costs, possibly through a voucher program, there can be expanded access to taxis and other private transportation services. This approach has been employed successfully in other rural areas of the country, particularly as a means to provide people with disabilities with more flexible transportation services.

Unmet Needs/Issues Strategy Will Address:

- Transportation services on weekends, especially for people with disabilities and people with lower incomes.

Potential Funding Sources:

- New Freedom

Possible Projects:

- Implement voucher program to subsidize rides for taxi trips or trips provided by private operators.

Strategy: Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.

In addition to expanding transportation options in the region, it is important that customers, as well as caseworkers, agency staff, and medical facility personnel that work with older adults, people with disabilities, and people with low incomes, are familiar with available transportation services. Efforts can include travel training programs to help individuals use public transit services, and outreach programs to ensure people helping others with their transportation issues are aware of mobility options in the region. In addition, the demand for transportation services to dialysis treatment facilities necessitates the need for a strong dialogue between transportation providers and dialysis locations so that treatment openings and available transportation are considered simultaneously.

Unmet Needs/Issues Strategy Will Address:

- Some customers need additional assistance, but concerns where providers should draw line when providing assistance.

- Outreach to doctor offices to help coordinate appointments with available transportation services.

- Educate human service agencies on available transportation services.

Potential Funding Sources:

- New Freedom
- JARC

Possible Projects:

- Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.

- Implement mentor/advocate program to connect current riders with potential customers for training in use of services.

Strategy: Bring new funding partners to public transit/human service transportation.

The demand for public transit-human service transportation is growing daily. One of the key obstacles the industry faces is how to pay for additional service. This strategy would meet multiple unmet needs and issues by tackling non-traditional sources of funding. Hospitals, supermarkets, and retailers who want the business of the region's riders may be willing to pay for part of the cost of transporting those riders to their sites. This approach is applicable to both medical and retail establishments already served, as well as new businesses.

Unmet Needs/Issues Strategy Will Address:

- Transportation services on weekends, especially for people with disabilities and people with lower incomes.

- Expanded transportation options to access jobs that require second and third shift work.

Potential Funding Sources:

- JARC

Possible Projects:

- Employer funding support programs, either directly for services and/or for local share.

- Employer sponsored transit pass programs that allow employees to ride at reduced rates.

- Partnerships with private industry, i.e. retailers and medical centers.

- Partnerships with private providers of transportation, i.e. intercity bus operators and taxi operators.

X. Plan Adoption Process

As noted in Section IV, participants from the regional workshops were involved throughout the planning process, and reviewed and commented on initial drafts that included the assessment of transportation services, assessment of transportation needs and gaps, and proposed strategies and possible projects. Ultimately, these coordinated planning participants formally discussed and agreed upon the identified strategies in this plan. At the third workshop, they provided a more formal endorsement through a Statement of Participation that is included in Appendix G.

Additionally, each plan will become a section within the PDC's Regional Rural Long Range Plan (RLRP) which is required by the Virginia Department of Transportation (VDOT). The intent is a regional transportation plan in rural areas that complements those in the metropolitan areas of the State. The development and components of each RLRP will include public outreach and recommendation development, as well as public endorsement and regional adoption.

XI. Ongoing and Future Arrangements for Plan Updates

In addition to developing this coordinated public transit-human services transportation plan that fulfills the FTA requirements, DRPT will be working with the region on an ongoing structure to serve as the foundation for future coordinated transportation planning efforts.

Similar to the process for development of the CHSM Plan, this structure will be determined through input with a diverse group of stakeholders that represent transportation, aging, disability, social service and other appropriate organizations in the region, including participants from the first two workshops. While formal responsibilities and organizational roles will be determined locally, it is anticipated this structure will:

- Lead updates of the *Coordinated Human Service Mobility Plan* for PDC 5 based on local needs (but at the minimum FTA required cycle).

- Provide input and assist public transit and human service transportation providers in establishing priorities with regard to community transportation services.

- Review and discuss coordination strategies in the region and provide recommendations for possible improvements to help expand mobility options in the region.

- Provide input on applications for funding through the Section 5310, JARC, and New Freedom competitive selection process.

Appendix A – New River Valley and Roanoke Valley Public Mobility Project – Final Report, Executive Summary

The Center for Transportation Policy (CTP) in cooperation with the New River Valley Planning District Commission and Roanoke Valley- Allegheny Regional Commission and the Roanoke Valley Area Metropolitan Planning Organization and the Blacksburg/ Christiansburg/ Montgomery area Metropolitan Planning Organizations have examined the region's human services transportation resources and needs, facilitated a community summit, and prepared this report on public mobility in this region. The report focuses on ways to coordinate human service transportation. The full report includes a discussion of coordination literature; population demographics; findings of a web based survey; interviews and case studies of existing human service transportation efforts. This summary presents our findings and recommends an action agenda for the region.

Finding 1:
There is a need for additional human service transportation for transportation disadvantaged populations in the region.

As is demonstrated by the later discussion of survey and interview responses and the review of area needs assessments, there exists a definite need for additional human services transportation particularly for the transportation disadvantaged; the elderly, disabled, and the poor. This need is intensified by the size and rural nature of the Roanoke, Allegheny, and New River Valley area. While several urban areas have access to public transportation, residents of smaller communities and those living in the outlying areas of the region do not.

Finding 2:
There are sufficient transportation providers to provide human service transportation if sufficient resources (funds) are made available.

CTP has identified the regions' transportation providers. There are five public transportation providers in the two planning districts; Valley Metro, Blacksburg Transit, Smart Way Bus, Pulaski Transit, Radford Tartan Transit. There are three major community service transportation providers; Roanoke Valley- Alleghany Regional Commission's RIDE Solutions, RADAR, and New River Valley Senior Services. CTP found a strong desire among agencies to increase their current level of services combined with a willingness to coordinate with other agencies. This opportunity is tempered by the lack of funding needed for expanded services. With additional resources and continued commitment to integrated coordination, the human service transportation needs of the region can be met.

Finding 3:
There is sufficient interest in coordination of services among current transportation providers and human service agencies to achieve a coordinated human service transportation environment. Ongoing coordination is necessary to meet the demand for human service transportation.

Service providers and human service agencies in the region have a demonstrated history of commitment to coordinated transportation efforts. This commitment is demonstrated by the numerous ongoing coordinated efforts currently in place throughout the region. As noted, a lack of resources prohibits increased levels of service in the region. If increased resources become available, these funds need to be combined with enhanced regional human service transportation coordination. Any future efforts need to be maintained and supported by regional leaders.

Finding 4:
A region-wide coordination effort is possible. To succeed, such an effort requires sustained leadership and commitment.

The research, including the survey, interview, literature review and the case studies, have provided the research team with sufficient information on the next steps to transportation coordination in the Roanoke-Alleghany/ New River Valley area. Many agencies are willing to coordinate in some form but have not because of a lack of funding and leadership. In order for coordination efforts to succeed, a clear champion of coordination efforts who will lead the efforts and coordinate services in the two planning districts needs to be identified.

Recommendations:

Coordination can be achieved in a variety of ways. The CTP study suggests coordination can best be implemented under the following conditions. The region should:

- Identify a leadership committee of transportation providers and human service agencies. The group should designate one person as the "champion" who will facilitate meetings, ensure momentum is continuous, serve as spokesperson, and who will be looked to as a "neutral" participant without an organizational agenda.
- Begin monthly meetings specifically designed to move toward coordination. *The Center for Transportation Policy is prepared to initiate such monthly meetings until such time as another organization can take the responsibility.*
- Bring the funding agencies to the table.
- Enlist and designate RADAR & the New River Valley Senior Services Agency as the organizations to lead coordinative service provision in their respective service areas. Initially, we suggest these two agencies begin to serve as the interim brokerage agencies for their respective service areas.
- Bring RouteMatch technology into the coordinative effort for the entire region
- Create a 501 (C) 3 organization to provide a centralized point of administration of a region-wide brokerage system.

- Given the rural character of the region, we believe an aggressive and coordinated "car ownership" program would be highly desirable[2].

Rationale:

There are several possible ways to achieve coordination, each of which is discussed in the full report. Nevertheless, the region is ripe for a region-wide coordination effort to begin. The easiest and fastest way to begin, in our judgment, is to establish a regional brokerage system. Under a broker system, agency clients call one number, the broker, to arrange for transportation. The broker then assign trips to available agency service providers; agency vehicles, taxis, or contracted services. The broker also is responsible for looking at fixed-route services and could possibly assign the client to that route if possible. The broker is responsible for getting each client, regardless of agency, where they need to be. The broker also takes responsibility for billing. Pooling regional resources will produce an economy of scale. By using RADAR and NRVSS as the interim lead agencies for brokerage services there is not a need to start a brokerage system from the ground up as both the capital and knowledge is already in place for such an effort.

In order for coordination to be successful, agencies and providers in the area must buy-into the idea of coordination and the brokerage system. The agencies must believe that this option is the best option available and that it will be successful. All agencies must be willing to participate in the coordinated effort. Without involvement from all agencies, the system can not run effectively. Secondly, information about the system and access to the system must be widely distributed and readily available. Access to the system should be as varied as possible – including phone, internet, signage, and/or informational kiosks.

Once the basic system is in place, other details of technology, recordkeeping, "smart card" utilization and logistical details would become agenda items for discussion by the leadership committee and/or its successor agency.

During the course of this study, the U.S. Federal Transit Administration issued a call for proposals to plan and demonstrate an Enhanced Human Service Transportation Model. The Center for Transportation Policy and the Roanoke Valley-Allegheny Regional Commission applied for participation in Phase 1—System Development and Design. In the event we are fortunate enough to receive that funding, it will be possible to develop a specific plan for implementation. In the event the proposal is not funded, we believe the regional agencies can, over time, achieve enhanced human service transportation.

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2 Representatives from New River Valley Community Action noted during an interview that their agency is working on a car lot idea. In essence they would serve as a not for profit used car dealer so that they can offer for sale subsidized cars to low-income individuals.

Appendix B – Final FTA Guidance on Coordinated Planning Requirements

The following excerpt is from the final guidance from the Federal Transit Administration (FTA) on the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access Reverse Commute (JARC – Section 5316) and New Freedom (Section 5317) programs. (Effective May 1, 2007)

Final Circulars: http://www.fta.dot.gov/laws/leg_reg_circulars_guidance.html

Final Register Notices: http://www.fta.dot.gov/laws/leg_reg_federal_register.html

<u>**COORDINATED PLANNING**</u>

1. <u>THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN</u>. Federal transit law, as amended by SAFETEA–LU, requires that projects selected for funding under the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access and Reverse Commute (JARC), and New Freedom programs be "derived from a locally developed, coordinated public transit-human services transportation plan" and that the plan be "developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public."   The experiences gained from the efforts of the Federal Interagency Coordinating Council on Access and Mobility (CCAM), and specifically the United We Ride (UWR) Initiative, provide a useful starting point for the development and implementation of the local public transit-human services transportation plan required under the Section 5310, JARC and New Freedom Programs. Many States have established UWR plans that may form a foundation for a coordinated plan that includes the required elements outlined in this chapter and meets the requirements of 49 U.S.C. 5317.

2. <u>DEVELOPMENT OF THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN</u>.

    a. <u>Overview</u>. A locally developed, coordinated, public transit-human services transportation plan ("coordinated plan") identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. Local plans may be developed on a local, regional, or statewide level. The decision as to the boundaries of the local planning areas should be made in consultation with the State, designated recipient and the metropolitan planning organization (MPO), where applicable. The agency leading the planning process is decided locally and does not have to be the designated recipient.

    In urbanized areas where there are multiple designated recipients, there may be multiple plans and each designated recipient will be responsible for the competitive selection of projects in the designated recipient's area. A coordinated plan should maximize the programs' collective coverage by minimizing duplication of services. Further, a coordinated plan must be

developed through a process that includes representatives of public and private and non-profit transportation and human services transportation providers, and participation by members of the public. Members of the public should include representatives of the targeted population(s) including individuals with disabilities, older adults, and people with low incomes. While the plan is only required in communities seeking funding under one or more of the three specified FTA programs, a coordinated plan should also incorporate activities offered under other programs sponsored by Federal, State, and local agencies to greatly strengthen its impact.

b. <u>Required Elements</u>. Projects competitively selected for funding shall be derived from a coordinated plan that minimally includes the following elements at a level consistent with available resources and the complexity of the local institutional environment:

(1) An assessment of available services that identifies current transportation providers (public, private, and non-profit);

(2) An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service (Note: If a community does not intend to seek funding for a particular program (Section 5310, JARC, or New Freedom), then the community is not required to include an assessment of the targeted population in its coordinated plan);

(3) Strategies, activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery; and

(4) Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

Note: FTA will consider plans developed before the issuance of final program circulars to be an acceptable basis for project selection for FY 2007 if they meet minimum criteria. Plans for FY 2007 should include 1) an assessment of available services; 2) an assessment of needs; and 3) strategies to address gaps for target populations; however, FTA recognizes that initial plans may be less complex in one or more of these elements than a plan developed after the local coordinated planning process is more mature. Addendums to existing plans to include these elements will also be sufficient for FY 2007. Plans must be developed in good faith in coordination with appropriate planning partners and with opportunities for public participation.

c. <u>Local Flexibility in the Development of a Local Coordinated Public Transit-Human Services Transportation Plan</u>. The decision for determining which agency has the lead for the development and coordination of the planning process should be made at the State, regional, and local levels. FTA recognizes the importance of local flexibility in developing plans for human service transportation. Therefore, the lead agency for the coordinated planning

process may be different from the agency that will serve as the designated recipient. Further, FTA recognizes that many communities have conducted assessments of transportation needs and resources regarding individuals with disabilities, older adults, and/or people with low incomes. FTA also recognizes that some communities have taken steps to develop a comprehensive, coordinated, human service transportation plan either independently or through United We Ride efforts. FTA supports communities building on existing assessments, plans and action items. As all new Federal requirements must be met, however, communities may need to modify their plans or processes as necessary to meet these requirements. FTA encourages communities to consider inclusion of new partners, new outreach strategies, and new activities related to the targeted programs and populations.

Plans will vary based upon the availability of resources and the existence of populations served under these programs. A rural community may develop its plans based on perceived needs emerging from the collaboration of the planning partners, whereas a large urbanized community may use existing data sources to conduct a more formal analysis to define service gaps and identify strategies for addressing the gaps.

This type of planning is also an eligible activity under three other FTA programs—the Metropolitan Planning (Section 5303), Statewide Planning (Section 5304), and Urbanized Area Formula (Section 5307) programs, all of which may be used to supplement the limited (10 percent) planning and administration funding under this program. Other resources may also be available from other entities to fund coordinated planning activities. All "planning" activities undertaken in urbanized areas, regardless of the funding source, must be included in the Unified Planning Work Program (UPWP) of the applicable MPO.

d. <u>Tools and Strategies for Developing a Coordinated Plan</u>. States and communities may approach the development of a coordinated plan in different ways.   The amount of available time, staff, funding, and other resources should be considered when deciding on specific approaches. The following is a list of potential strategies for consideration.

(1) <u>Community planning session</u>. A community may choose to conduct a local planning session with a diverse group of stakeholders in the community. This session would be intended to identify needs based on personal and professional experiences, identify strategies to address the needs, and set priorities based on time, resources, and feasibility for implementation. This process can be done in one meeting or over several sessions with the same group. It is often helpful to identify a facilitator to lead this process. Also, as a means to leverage limited resources and to ensure broad exposure, this could be conducted in cooperation or coordination with the applicable metropolitan or statewide planning process.

(2) <u>Self-assessment tool</u>. *The Framework for Action: Building the Fully Coordinated Transportation System*, developed by FTA and available at www.unitedweride.gov, helps stakeholders realize a shared perspective and build a roadmap for moving forward together. The self-assessment tool focuses on a series of core elements that are represented in categories

of simple diagnostic questions to help groups in States and communities assess their progress toward transportation coordination based on standards of excellence. There is also a *Facilitator's Guide* that offers detailed advice on how to choose an existing group or construct an ad hoc group. In addition, it describes how to develop elements of a plan, such as identifying the needs of targeted populations, assessing gaps and duplications in services, and developing strategies to meet needs and coordinate services.

(3) <u>Focus groups</u>. A community could choose to conduct a series of focus groups within communities that provides opportunity for greater input from a greater number of representatives, including transportation agencies, human service providers, and passengers. This information can be used to inform the needs analysis in the community. Focus groups also create an opportunity to begin an ongoing dialogue with community representatives on key issues, strategies, and plans for implementation.

(4) <u>Survey</u>. The community may choose to conduct a survey to evaluate the unmet transportation needs within a community and/or available resources. Surveys can be conducted through mail, e-mail, or in-person interviews. Survey design should consider sampling, data collection strategies, analysis, and projected return rates. Surveys should be designed taking accessibility considerations into account, including alternative formats, access to the internet, literacy levels, and limited English proficiency.

(5) <u>Detailed study and analysis</u>. A community may decide to conduct a complex analysis using inventories, interviews, GIS mapping, and other types of research strategies. A decision to conduct this type of analysis should take into account the amount of time and funding resources available, and communities should consider leveraging State and MPO resources for these undertakings.

3. <u>PARTICIPATION IN THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLANNING PROCESS</u>. Recipients shall certify that the coordinated plan was developed through a process that included representatives of public, private, and non-profit transportation and human services providers, and participation by members of the public. Note that the required participants include not only transportation providers but also providers of human services, and members of the public (e.g., individuals with disabilities, older adults, and individuals with low incomes) who can provide insights into local transportation needs. It is important that stakeholders be included in the development and implementation of the local coordinated public transit-human services transportation plan. A planning process in which stakeholders provide their opinions but have no assurance that those opinions will be considered in the outcome does not meet the requirement of 'participation.' Explicit consideration and response should be provided to public input received during the development of the coordinated plan. Stakeholders should have reasonable opportunities to be actively involved in the decision-making process at key decision points, including, but not limited to, development of the proposed coordinated plan document. The following possible strategies facilitate appropriate inclusion:

a. <u>Adequate Outreach to Allow for Participation</u>. Outreach strategies and potential participants will vary from area to area. Potential outreach strategies could include notices or flyers in centers of community activity, newspaper or radio announcements, e-mail lists, website postings, and invitation letters to other government agencies, transportation providers, human services providers, and advocacy groups. Conveners should note that not all potential participants have access to the Internet and they should not rely exclusively on electronic communications. It is useful to allow many ways to participate, including in-person testimony, mail, e-mail, and teleconference. Any public meetings regarding the plan should be held in a location and time where accessible transportation services can be made available, and adequately advertised to the general public using techniques such as those listed above. Additionally, interpreters for individuals with hearing impairments and English as a second language and accessible formats (e.g., large print, Braille, electronic versions) should be provided as required by law.

b. <u>Participants in the Planning Process</u>. Metropolitan and statewide planning under 49 U.S.C. 5303 and 5304 require consultation with an expansive list of stakeholders. There is significant overlap between the lists of stakeholders identified under those provisions (e.g., private providers of transportation, representatives of transit users, and representatives of individuals with disabilities) and the organizations that should be involved in preparation of the coordinated plan.

The projects selected for funding under the Section 5310 , JARC, and New Freedom Programs must be "derived from a locally developed, coordinated public transit-human services transportation plan" that was "developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public." The requirement for developing the local public transit-human services transportation plan is intended to improve services for people with disabilities, older adults, and individuals with low incomes. Therefore, individuals, groups and organizations representing these target populations should be invited to participate in the coordinated planning process. Consideration should be given to including groups and organizations such as the following in the coordinated planning process if present in the community:

(1) <u>Transportation partners</u>:

(a) Area transportation planning agencies, including MPOs, Councils of Government (COGs), Rural Planning Organizations (RPOs), Regional Councils, Associations of Governments, State Departments of Transportation, and local governments;

(b) Public transportation providers (including Americans with Disabilities Act (ADA) paratransit providers and agencies administering the projects funded under FTA urbanized and nonurbanized programs);

(c) Private transportation providers, including private transportation brokers, taxi operators, van pool providers, school transportation operators, and intercity bus operators;

(d) Non-profit transportation providers;

(e) Past or current organizations funded under the JARC, Section 5310, and/or the New Freedom Programs; and

(f) Human service agencies funding, operating, and/or providing access to transportation services.

(2) <u>Passengers and advocates</u>:

(a) Existing and potential riders, including both general and targeted population passengers (individuals with disabilities, older adults, and people with low incomes);

(b) Protection and advocacy organizations;

(c) Representatives from independent living centers; and

(d) Advocacy organizations working on behalf of targeted populations.

(3) <u>Human service partners</u>:

(a) Agencies that administer health, employment, or other support programs for targeted populations. Examples of such agencies include but are not limited to Departments of Social/Human Services, Employment One-Stop Services; Vocational Rehabilitation, Workforce Investment Boards, Medicaid, Community Action Programs (CAP), Agency on Aging (AoA); Developmental Disability Council, Community Services Board;

(b) Non-profit human service provider organizations that serve the targeted populations;

(c) Job training and placement agencies;

(d) Housing agencies;

(e) Health care facilities; and

(f) Mental health agencies.

(4) <u>Other</u>:

(a) Security and emergency management agencies;

(b) Tribes and tribal representatives;

(c) Economic development organizations;

(d) Faith-based and community-based organizations;

(e) Representatives of the business community (e.g., employers);

(f) Appropriate local or State officials and elected officials;

(g) School districts; and

(h) Policy analysts or experts.

Note: Participation in the planning process will not bar providers (public or private) from bidding to provide services identified in the coordinated planning process. This planning process differs from the competitive selection process, and it differs from the development and issuance of a Request for Proposal (RFP) as described in the Common Grant Rule (49 CFR part 18).

c. Levels of Participation. The suggested list of participants above does not limit participation by other groups, nor require participation by every group listed. Communities will have different types of participants depending on population and size of community, geographic location, and services provided at the local level. It is expected that planning participants will have an active role in the development, adoption, and implementation of the plan. Participation may remain low even though a good faith effort is made by the lead agency to involve passengers, representatives of public, private, and non-profit transportation and human services providers, and others. The lead agency convening the coordinated planning process should document the efforts it utilized, such as those suggested above, to solicit involvement.

In addition, Federal, State, regional, and local policy makers, providers, and advocates should consistently engage in outreach efforts that enhance the coordinated process, because it is important that all stakeholders identify the opportunities that are available in building a coordinated system. To increase participation at the local levels from human service partners, State Department of Transportation offices are encouraged to work with their partner agencies at the State level to provide information to their constituencies about the importance of partnering with human service transportation programs and the opportunities that are available through building a coordinated system.

d. Adoption of a Plan. As a part of the local coordinated planning process, the lead agency in consultation with participants should identify the process for adoption of the plan. A strategy for adopting the plan could also be included in the designated recipient's Program Management Plan (PMP) further described in Chapter VII.

FTA will not formally review and approve plans. The designated recipient's grant application will document the plan from which each project listed is derived, including the lead agency, the date of adoption of the plan, or other appropriate identifying information. This may be done by citing the section of the plan or page references from which the project is derived.

4. RELATIONSHIP TO OTHER TRANSPORTATION PLANNING PROCESSES.

a. Relationship Between the Coordinated Planning Process and the Metropolitan and Statewide Transportation Planning Processes. The coordinated plan can either be developed separately from the metropolitan and statewide transportation planning processes and then incorporated into the broader plans, or be developed as a part of the metropolitan and statewide transportation planning processes. If the coordinated plan is not prepared within the broader process, the lead agency for the coordinated plan should

ensure coordination and consistency between the coordinated planning process and metropolitan or statewide planning processes. For example, planning assumptions should not be inconsistent.

Projects identified in the coordinated planning process, and selected for FTA funding through the competitive selection process must be incorporated into both the Transportation Improvement Program (TIP) and Statewide Transportation Improvement Program (STIP) in urbanized areas with populations of 50,000 or more; and incorporated into the STIP for nonurbanized areas under 50,000 in population. In some areas, where the coordinated plan or competitive selection is not completed in a timeframe that coincides with the development of the TIP/STIP, the TIP/STIP amendment processes will need to be utilized to include competitively selected projects in the TIP/STIP before FTA grant award.

The lead agency developing the coordinated plan should communicate with the relevant MPOs or State planning agencies at an early stage in plan development. States with coordination programs may wish to incorporate the needs and strategies identified in local coordinated plans into statewide coordination plans.

Depending upon the structure established by local decision-makers, the coordinated planning process may or may not become an integral part of the metropolitan or statewide transportation planning processes. State and local officials should consider the fundamental differences in scope, time horizon, and level of detail between the coordinated planning process and the metropolitan and statewide transportation planning processes. However, there are important areas of overlap between the planning processes, as well. Areas of overlap represent opportunities for sharing and leveraging resources between the planning processes for such activities as: (1) needs assessments based on the distribution of targeted populations and locations of employment centers, employment-related activities, community services and activities, medical centers, housing and other destinations; (2) inventories of transportation providers/resources, levels of utilization, duplication of service and unused capacity; (3) gap analysis; (4) any eligibility restrictions; and (5) opportunities for increased coordination of transportation services. Local communities may choose the method for developing plans that best fits their needs and circumstances.

b. <u>Relationship Between the Requirement for Public Participation in the Coordinated Plan and the Requirement for Public Participation in Metropolitan and Statewide Transportation Planning</u>. SAFETEA–LU strengthened the public participation requirements for metropolitan and statewide transportation planning. Title 49 U.S.C. 5303(i)(5) and 5304(f)(3), as amended by SAFETEA–LU, require MPOs and States to engage the public and stakeholder groups in preparing transportation plans, TIPs, and STIPs. "Interested parties" include, among others, affected public agencies, private providers of transportation, representatives of users of public transportation, and representatives of individuals with disabilities.

MPOs and/or States may work with the lead agency developing the coordinated plan to coordinate schedules, agendas, and strategies of the

coordinated planning process with metropolitan and statewide planning in order to minimize additional costs and avoid duplication of efforts. MPOs and States must still provide opportunities for participation when planning for transportation related activities beyond the coordinated public transit-human services transportation plan.

c. <u>Cycle and Duration of the Coordinated Plan</u>. At a minimum, the coordinated plan should follow the update cycles for metropolitan transportation plans (i.e., four years in air quality nonattainment and maintenance areas and five years in air quality attainment areas). However, communities and States may update the coordinated plan to align with the competitive selection process based on needs identified at the local levels. States, MPOs, designated recipients, and public agencies that administer or operate major modes of transportation should set up a cycle that is conducive to and coordinated with the metropolitan and statewide planning processes, to ensure that selected projects are included in the TIP and STIP, to receive funds in a timely manner.

d. <u>Role of Transportation Providers that Receive FTA Funding Under the Urbanized and Other Than Urbanized Formula Programs in the Coordinated Planning Process</u>. Recipients of Section 5307 and Section 5311 assistance are the "public transit" in the public transit-human services transportation plan and their participation is assumed and expected. Further, 49 U.S.C. 5307(c)(5) requires that, "Each recipient of a grant shall ensure that the proposed program of projects (POP) provides for the coordination of public transportation services … with transportation services assisted from other United States Government sources." In addition, 49 U.S.C. 5311(b)(2)(C)(ii) requires the Secretary of the DOT to determine that a State's Section 5311 projects "provide the maximum feasible coordination of public transportation service … with transportation service assisted by other Federal sources." Finally, under the Section 5311 program, States are required to expend 15 percent of the amount available to support intercity bus service. FTA expects the coordinated planning process in rural areas to take into account human service needs that require intercity transportation.

**Appendix C – Mobility Management – Eligible Activities
and Potential Projects**

Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation is an eligible project through the Federal Transit Administration's (FTA) Section 5317 (New Freedom) and Section 5316 (Job Access and Reverse Commute – JARC) Programs. Mobility management is considered an eligible capital cost. Therefore, the federal share of eligible project costs is 80 percent (as opposed to 50 percent for operating projects).

The following excerpt on mobility management activities is included in the FTA guidance for the New Freedom and JARC Programs:

(1) <u>Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation</u>. Mobility management is an eligible capital cost. Mobility management techniques may enhance transportation access for populations beyond those served by one agency or organization within a community. For example, a non-profit agency could receive New Freedom funding to support the administrative costs of sharing services it provides to its own clientele with other individuals with disabilities and coordinate usage of vehicles with other non-profits, but not the operating costs of the service. Mobility management is intended to build coordination among existing public transportation providers and other transportation service providers with the result of expanding the availability of service. Mobility management activities may include:

(a) The promotion, enhancement, and facilitation of access to transportation services, including the integration and coordination of services for individuals with disabilities, older adults, and low-income individuals;

(b) Support for short term management activities to plan and implement coordinated services;

(c) The support of State and local coordination policy bodies and councils;

(d) The operation of transportation brokerages to coordinate providers, funding agencies and customers;

(e) The provision of coordination services, including employer-oriented Transportation Management Organizations' and Human Service Organizations' customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individualized travel training and trip planning activities for customers;

(f) The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and

(g) Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of Geographic Information Systems (GIS) mapping, Global Positioning System Technology, coordinated vehicle scheduling, dispatching and monitoring technologies as well as technologies to track costs and billing in a coordinated system and single smart customer payment systems (acquisition of technology is also eligible as a stand alone capital expense).

A Mobility Manager can be the centerpiece of an effort to coordinate existing services to maximize efficiency and effectiveness. This entity can be designed to:

- Plan and identify needs and solutions, with an emphasis on work, school and training trips.
- Continue to seek greater efficiencies and reduce duplication through coordination.
- Coordinate and seek public and private funding – including New Freedom, JARC, and sponsorships.
- Coordinate human service transportation with workforce boards, social service agencies, etc.
- Conduct marketing efforts, developing schedules and how to ride guides.
- Serve as One Stop Information Center.
- Function as a rideshare coordinator.
- Develop a mentoring function.

Appendix D – Potential Non-DOT Federal Program Guide

Source – United We Ride website
http://www.unitedweride.gov/1_691_ENG_HTML.htm

U.S. Department of Agriculture

- Food and Nutrition Service

U.S. Department of Education

- Office of Elementary and Secondary Education
- Office of Innovation and Improvement
- Office of Special Education and Rehabilitative Services

U.S. Department of the Interior

- Bureau of Indian Affairs

U.S. Department of Health and Human Services

- Health Resources and Services Administration
- Centers for Medicare and Medicaid Services
- Administration on Aging
- Substance Abuse and Mental Health Services
- Administration for Children and Families

U.S. Department of Housing and Urban Development

U.S. Department of Labor

- Employment Standards Administration
- Veterans' Employment and Training Service
- Employment and Training Administration

U.S. Department of Veterans Affairs

- Veterans Benefits Administration
- Veterans Health Administration

Note: The individual links above may be accessed at the United We Ride Website:
www.unitedweride.gov/1_691_ENG_HTML.htm

Appendix E – Workshop Attendees

1st Workshop – PDC 4, 5, 11 and 12

Name	Organization	Type	County/PDC	Phone	E-mail
Kim Moore	Department of Rehab	CD	Franklin	540-263-0785	Kimberly.Moore@drs.virginia.gov
Gary Heinline	Pulaski Area Transit	PT	Pulaski	540-980-7780	gheinline@NRUSeniorServices.org
Curtis Andrews	RADAR	RPT	Roanoke	540-343-1721	Curtis@radartransit.org
Mary-Winston Deacon	Alliance For Families & Children	HS	PDC 11	434-645-2986 x231	marywd@alliancecva.org
Kelly Hitchcock	Region 2000 Local Government Council	PDC	PDC 11	434-845-3491	khitchcock@region2000.org
Clarence Dickerson	Piedmont Independent Living Center	HS	PDC 12	434-797-2530	clarencerdickerson@yahoo.com
Lori Penn	Piedmont Independent Living Center	HS	PDC 12	434-797-2530	missloripenn@hotmail.com
Jeanette King	Piedmont Independent Living Center	HS	PDC 12	434-797-2530	jkpilc@yahoo.com
Joan Hullett	West Piedmont PDC	PDC	PDC 12	276-638-3987	jhullett@wppdc.org
Leah Manning	West Piedmont PDC	PDC	PDC 12	276-638-3987	lmanning@wppdc.org
Henry Ayers	PARC Workshop, Inc	HS/JT	Patrick	276-694-4211	parcworkshop@earthlink.net
Christine Visscher	Goodwill Industries and Valleys	HS/JT	Roanoke	540-581-0620	cvisscher@goodwillvalleys.com
Dan Brugh	Blacksburg,Christiansburg, Montgomery County MPO	MPO	Montgomery	540-394-2145	brughjd@montgomerycountyva.gov
Kevin Byrd	NRV PDC	PDC	PDC 4	540-639-9313	kbyrd@nrvdc.org
Tammy Trimble	Transportation Policy group VTTI	R	Montgomery	540-231-1545	ttrimble@vtti.vt.edu
Teresa Carter	Southern AAA	AAA	Martinsville	276-632-6442	tcarter@southernaaa.org
Mark McCaskill	RVARC/RVAMPO	PDC	PDC 5	540-343-4417	mmccaskill@rvarc.org
Ann Angert	New River Community Action	HS	PDC 4	540-633-5133	angert@nrcaa.org
RB "Ben" Crawford	AARP VA	HS	Montgomery	540-961-5733	Ben.Crawford@vt.edu
Carl McDaniels	AARP VA	HS	Montgomery	540-961-5733	
Emily Simmons	Radford University Training and Technical Assistance Center	HS	City of Radford	540-831-7116	esimmons@radford.edu
Alexandra Sommers	Virginia Tech Transportation Inst. (VTTI)	R	Blacksburg	540-231-1006	asommers@vtti.vt.edu
Gary Christez	Region 2000	PDC	PDC 11	434-845-3491	
Curtis Walker	Blue Ridge Independent Living Center (BRILC)	HS	PDC 5	540-342-1231	CWalker@Brilc.org
Keevie Hairston	Piedmont CSB	CSB	PDC 12	276-632-7128	khairston@piedmontcsb.org
Todd Woodall	Piedmont CSB	CSB	Henry Co., Martinsville	632-7128	twoodall@piedmontcsb.org
Kenneth Young	Central Va AAA	AAA	PDC 11	434-386-9070	KYoung@cvaaa.com

'Type' Key:
AAA = Area Agency on Aging
CD = County Department
CSB = Community Service Board
HS = Human Services Organization
JT = Job Training Center
MPO = Metropolitan Planning Organization
MTP = Medicare Transportation Provider
PT = Public Transportation Provider (RPT = Rural)
R = Research Organization
SD = Statewide Department

2nd Workshop – PDC 4 and 5

Name	Organization	County/PDC	Phone	E-mail
Leon Robertson	RADAR	Roanoke	540-343-1721	leon@radartransit.org
Dan Brugh	BCM – MPO	NRV	540-394-2145	brughjd@montgomerycountyva.com
Tina King	NRV Agency on Aging	PDC 4	540-980-7720	tinaking@nrvaoa.org
Brett Lovell	NRV PDC	PDC 4	540-639-9313	blovell@nrvdc.com
Josh Baker	NRV Community Services/ Community Transit	NRV	540-831-4082	jbaker@nrvcs.org
Gary Heinline	NRV Senior Service/Pulaski Area Transit	NRV	540-980-5040	gheinline@nrvseniorservices.org
Curtis Andrews	RADAR	PDC 5	540-343-1721	curtis@radartransit.org
Debra Swetnam	BT	NRV	540-961-1185	dswetnam@blacksburg.gov
Mark McCaskill	RVARZ/ RVAMPO	PDC 5	540-343-4417	mmccaskill@rvarz.org
Tammy Trimble	VTTI	4/5	540-231-1545	Ttrimble@vtti.vt.edu
Dave Morgan	Greater Roanoke Transit Co.	Roanoke	540-982-305	Dmorgan1@valleymetro.com
Ray Pethtel	TPG – VTTI	4/5	540-231-1546	rpethtel@vt.edu
Neil Sherman	DRPT	State	804-786-1154	Neil.sherman@drpt.virginia.gov

3rd Workshop – PDC 4 and 5

Name	Organization	Type	County/ PDC	Phone	E-mail
Christine Visscher	Goodwill Industries of Valleys	HS	PDC 5	540-581-0620	cvisscher@goodwillvalleys.com
Stephanie Hoer	Goodwill Industries of Valleys	HS	PDC 5	540-581-0620	shoer@goodwillvalleys.com
Glenn Orr	Transportation Policy Group VTTI	CV	PDC 4	540-231-1567	Gorr05@vt.edu
Kevin Byrd	NRV PDC	PDC	PDC 4	540-639-9313	kbyrd@montgomerycounty.va.gov
Ban Brugh	Blacksburg, Christiansburg, Montgomery Area MPO	MPO	PDC 4	540-394-2145	brughjd@montgomerycountyva.gov

Name	Organization	Type	County/ PDC	Phone	E-mail
Curtis Walkam	Blue Ridge Independent Living Center	HS	PDC 5	540-342-1231	cwalkman@brilc.org
Curtis Andrews	RADAR	PT	PDC 5	540-343-1721	curtis@radartransit.org
Leon Robertson	RADAR	PT	PDC 5	540-343-1721	leon@radartransit.org
Josh Baker	New River Valley CSB	CSB	PDC 4	540-831-5911	Lbaker@nrvcs.org
Debbie Swetnam	Blacksburg Transit	PT	PDC 4	540-443-7100 ext 2052	Dswetnam@blacksburg.gov
Mark McCaskill	RVARC/ RVAMPO	MPO	PDC 5	540-343-4417	MmcCaskill@rvarc.org
Jeff Sizemore	DRPT	SD		804-382-3805	Jeff.Sizemore@drpt.virginia.gov
Neil Sherman	DRPT	SD		804-786-1154	Neil.Sherman@drpt.virginia.gov

Appendix F – Demographics of Potentially Transit Dependent Persons

Roanoke Valley-Alleghany RC (PDC 5)
DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/ SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
510050801001	Alleghany	14.0	428	945	67.6	237	131	19	15
510050801002	Alleghany	1.7	280	594	342.8	184	68	56	15
510050801003	Alleghany	19.0	410	895	47.1	211	99	94	19
510050801004	Alleghany	51.0	673	1,303	25.5	243	114	147	48
510050802011	Alleghany	20.0	690	1,566	78.5	311	79	77	17
510050802012	Alleghany	41.9	649	1,434	34.3	282	114	157	42
510050802021	Alleghany	57.8	635	1,478	25.6	265	145	35	19
510050802022	Alleghany	26.9	153	401	14.9	53	30	9	16
510050802023	Alleghany	0.7	299	694	1,025.6	158	8	64	24
510050803011	Alleghany	92.0	884	1,975	21.5	400	123	67	34
510050803021	Alleghany	56.0	309	700	12.5	191	125	95	24
510050803022	Alleghany	29.1	119	231	7.9	44	17	19	16
510050803023	Alleghany	34.6	283	710	20.5	166	124	66	14
510230401001	Botetourt	86.6	530	1,155	13.3	238	108	51	13
510230401002	Botetourt	31.8	318	687	21.6	140	50	70	16
510230401003	Botetourt	91.0	549	910	10.0	222	56	74	19
510230401004	Botetourt	28.2	318	663	23.5	133	40	24	0
510230402001	Botetourt	17.6	404	836	47.4	206	72	88	27
510230402002	Botetourt	72.7	390	849	11.7	161	60	63	25
510230402003	Botetourt	31.9	612	1,421	44.6	251	130	115	16
510230402004	Botetourt	8.8	478	1,107	126.5	247	85	83	37
510230403001	Botetourt	36.2	668	1,702	47.1	258	92	107	15
510230403002	Botetourt	25.3	593	1,444	57.1	268	141	28	27
510230403003	Botetourt	16.5	623	1,517	91.9	310	125	53	21
510230403004	Botetourt	12.6	964	2,490	197.7	496	154	77	0
510230403005	Botetourt	29.4	452	1,105	37.6	208	83	45	0
510230404001	Botetourt	22.5	623	1,752	77.7	331	181	104	34
510230404002	Botetourt	4.5	598	1,347	298.7	298	89	64	4
510230404003	Botetourt	3.0	426	884	299.4	222	127	146	23
510230404004	Botetourt	3.3	1,192	3,129	955.0	403	156	158	28
510230405001	Botetourt	3.7	620	1,645	450.4	223	197	23	22
510230405002	Botetourt	4.8	324	761	160.2	158	71	32	57
510230405003	Botetourt	5.2	820	2,260	437.4	316	65	94	0
510230405004	Botetourt	2.3	846	2,273	993.3	393	76	54	36
510230405005	Botetourt	5.0	223	559	111.7	94	27	6	16
510450501001	Craig	150.6	947	1,871	12.4	310	107	177	28
510450501002	Craig	180.0	1,607	3,220	17.9	642	318	343	110
510670201001	Franklin	19.9	2,226	2,670	134.5	896	131	65	29
510670201002	Franklin	10.1	719	1,099	108.6	261	86	61	38
510670201003	Franklin	29.2	1,811	2,150	73.6	545	94	171	17

Roanoke Valley-Alleghany RC (PDC 5)

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/ SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
510670202001	Franklin	20.2	612	1,482	73.4	228	129	124	38
510670202002	Franklin	11.8	566	1,295	109.8	244	99	135	41
510670202003	Franklin	17.8	817	1,894	106.4	283	148	232	62
510670203001	Franklin	30.7	1,030	2,393	77.8	381	153	162	46
510670203002	Franklin	31.1	1,114	2,459	79.1	458	98	101	39
510670204001	Franklin	19.4	671	1,551	79.9	288	131	127	36
510670204002	Franklin	19.4	815	1,945	100.2	329	141	129	24
510670204003	Franklin	4.7	453	978	207.7	232	81	100	30
510670205001	Franklin	49.2	806	1,800	36.6	369	121	169	65
510670205002	Franklin	47.4	793	1,902	40.1	300	153	112	52
510670205003	Franklin	25.1	670	1,672	66.5	296	259	320	21
510670205004	Franklin	11.3	678	1,651	146.4	270	57	60	18
510670206001	Franklin	45.5	532	1,692	37.2	195	47	110	0
510670206002	Franklin	42.1	827	1,361	32.4	262	151	130	56
510670207001	Franklin	19.2	738	1,808	94.0	298	108	131	28
510670207002	Franklin	21.8	543	1,167	53.4	199	36	129	16
510670207003	Franklin	22.1	525	1,211	54.8	188	45	146	7
510670207004	Franklin	15.3	476	1,056	68.8	217	79	167	23
510670208001	Franklin	1.5	360	697	451.6	229	117	62	74
510670208002	Franklin	6.0	599	1,397	232.9	227	69	335	85
510670208003	Franklin	0.7	540	1,203	1,638.4	404	188	49	64
510670208004	Franklin	1.4	471	1,169	806.8	270	66	283	80
510670208005	Franklin	6.5	729	1,719	262.7	416	145	135	16
510670209001	Franklin	42.5	522	1,169	27.5	215	69	150	39
510670209002	Franklin	26.1	779	1,817	69.6	267	144	253	81
510670209003	Franklin	48.5	770	1,725	35.6	289	120	204	19
510670209004	Franklin	45.3	525	1,154	25.5	223	54	129	16
511610301001	Roanoke	16.9	574	1,361	80.6	255	87	106	27
511610301002	Roanoke	25.4	505	1,221	48.1	161	40	55	12
511610301003	Roanoke	33.3	400	1,008	30.2	194	48	27	52
511610302016	Roanoke	1.0	812	2,192	2,151.8	366	103	22	15
511610302017	Roanoke	0.2	293	741	4,926.1	150	22	31	0
511610302019	Roanoke	1.7	551	1,522	895.3	218	84	55	0
511610302031	Roanoke	2.1	1,082	2,630	1,229.0	600	121	11	22
511610302032	Roanoke	0.9	172	980	1,093.1	94	183	151	25
511610302041	Roanoke	0.9	1,110	2,551	2,703.7	843	276	194	75
511610302042	Roanoke	0.6	1,137	2,608	4,678.9	1,114	239	134	123
511610302043	Roanoke	0.7	893	1,856	2,718.7	468	126	72	18
511610302051	Roanoke	1.4	638	1,453	1,028.0	286	83	18	10
511610302052	Roanoke	1.5	842	2,091	1,374.4	475	127	52	42
511610303001	Roanoke	5.0	518	1,493	295.8	901	100	41	81
511610303002	Roanoke	0.6	242	577	955.4	161	37	20	14
511610303003	Roanoke	0.3	292	825	2,587.5	90	66	0	0

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/ SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
511610303004	Roanoke	3.4	426	1,017	296.3	188	42	331	9
511610303005	Roanoke	3.5	229	532	154.0	157	28	9	0
511610303006	Roanoke	17.6	762	1,925	109.1	356	145	85	47
511610305001	Roanoke	6.2	619	1,680	269.0	235	68	58	6
511610305002	Roanoke	18.4	462	1,044	56.7	148	70	33	46
511610306001	Roanoke	20.4	360	852	41.8	134	101	12	0
511610306002	Roanoke	17.5	996	2,607	148.8	339	73	163	10
511610306003	Roanoke	8.6	1,056	2,772	323.9	325	67	40	8
511610307011	Roanoke	0.9	547	1,289	1,418.1	343	103	53	7
511610307012	Roanoke	0.6	734	1,729	2,801.5	473	125	0	19
511610307013	Roanoke	1.6	969	2,665	1,682.5	382	82	64	16
511610307014	Roanoke	0.8	303	760	983.3	135	34	6	0
511610307021	Roanoke	0.4	620	1,322	3,627.8	295	90	13	16
511610307022	Roanoke	0.4	837	1,625	4,378.7	230	86	144	16
511610307023	Roanoke	0.5	532	1,312	2,486.6	335	55	0	15
511610307024	Roanoke	0.5	665	1,257	2,743.6	260	101	74	11
511610308011	Roanoke	0.6	947	1,847	3,281.0	389	102	57	18
511610308012	Roanoke	0.7	1,674	3,089	4,388.1	466	158	134	85
511610308013	Roanoke	0.5	206	522	1,108.0	115	51	0	0
511610308021	Roanoke	0.6	371	827	1,408.5	226	67	48	26
511610308022	Roanoke	0.6	639	1,610	2,568.3	366	98	9	24
511610308023	Roanoke	0.7	698	1,306	1,764.3	300	125	16	35
511610308024	Roanoke	0.4	359	1,018	2,690.4	135	35	24	0
511610309001	Roanoke	0.9	554	986	1,154.0	322	72	50	103
511610309002	Roanoke	2.1	1,140	2,465	1,201.0	403	121	96	24
511610309003	Roanoke	15.4	624	1,451	94.2	304	187	63	16
511610309004	Roanoke	3.0	282	610	201.1	162	67	78	8
511610310001	Roanoke	2.8	383	836	294.8	195	74	66	25
511610310002	Roanoke	3.7	643	1,634	436.4	253	110	76	24
511610310003	Roanoke	4.6	333	757	164.8	156	68	66	26
511610310004	Roanoke	4.9	220	602	123.7	92	11	7	0
511610311001	Roanoke	0.7	805	1,966	2,965.7	419	202	119	28
511610311002	Roanoke	0.6	936	2,104	3,260.0	537	186	232	113
511610311003	Roanoke	0.3	408	769	2,831.6	160	73	148	37
511610311004	Roanoke	0.4	342	744	2,068.2	135	74	51	44
511610311005	Roanoke	0.3	452	1,028	3,550.8	118	155	173	69
511610311006	Roanoke	1.0	528	1,171	1,167.4	256	136	15	0
511610312001	Roanoke	5.0	1,435	3,859	766.7	560	135	24	18
511610312002	Roanoke	5.0	1,026	2,771	555.1	373	94	98	38
511610312003	Roanoke	2.3	938	2,309	1,012.5	555	80	8	0
515800601001	Covington city	0.7	388	830	1,129.4	164	42	156	54
515800601002	Covington city	1.3	691	1,318	1,036.3	272	182	195	127
515800601003	Covington city	0.2	310	607	3,010.8	169	104	47	40

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/ SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
515800601004	Covington city	0.3	307	619	1,981.6	141	75	172	50
515800602001	Covington city	0.4	403	697	1,706.4	219	101	75	58
515800602002	Covington city	1.8	741	1,456	800.6	419	141	97	80
515800602003	Covington city	0.5	209	468	1,031.4	122	38	49	25
515800602004	Covington city	0.5	146	308	655.1	69	73	15	17
517700001001	Roanoke city	0.3	530	1,256	3,972.8	206	113	194	83
517700001002	Roanoke city	0.7	681	1,584	2,113.2	459	223	163	55
517700001003	Roanoke city	0.3	458	960	3,579.1	174	68	154	7
517700002001	Roanoke city	0.3	565	1,254	4,838.1	353	203	247	80
517700002002	Roanoke city	0.8	1,055	2,389	2,851.8	420	268	462	105
517700002003	Roanoke city	0.2	337	763	3,341.4	197	140	56	57
517700003001	Roanoke city	2.9	1,058	2,210	763.8	488	148	212	50
517700003002	Roanoke city	0.4	727	1,483	4,222.5	286	90	160	52
517700003003	Roanoke city	0.2	484	1,065	5,482.9	178	130	117	7
517700004001	Roanoke city	0.3	795	1,425	4,196.7	594	205	66	142
517700004002	Roanoke city	0.5	746	1,474	3,171.0	483	78	104	37
517700004003	Roanoke city	0.3	582	1,064	3,170.8	354	81	57	46
517700004004	Roanoke city	0.2	327	570	3,133.4	179	48	49	20
517700005001	Roanoke city	0.3	526	1,047	3,238.2	226	102	49	28
517700005002	Roanoke city	0.2	403	823	4,203.2	166	94	81	32
517700005003	Roanoke city	0.3	432	871	2,758.5	141	78	166	60
517700005004	Roanoke city	0.2	185	360	1,487.0	55	52	100	0
517700005005	Roanoke city	0.3	789	1,565	5,921.2	322	231	153	113
517700006001	Roanoke city	1.2	422	977	796.8	179	88	269	50
517700006002	Roanoke city	0.4	372	861	2,287.6	73	73	292	14
517700006003	Roanoke city	0.5	701	1,494	2,845.1	198	102	189	24
517700006004	Roanoke city	4.0	1,263	2,691	667.9	491	129	155	74
517700006005	Roanoke city	0.6	635	1,445	2,489.9	134	39	139	48
517700007001	Roanoke city	0.1	350	513	5,524.8	68	133	252	104
517700007002	Roanoke city	0.4	547	1,234	2,809.7	346	224	194	196
517700007003	Roanoke city	0.1	372	814	5,702.2	197	175	221	88
517700007004	Roanoke city	0.3	469	985	2,821.9	122	100	462	180
517700001001	Roanoke city	0.7	509	1,038	3,132.6	164	106	215	92
517700001002	Roanoke city	0.7	504	1,024	3,122.5	157	104	218	94
517700001003	Roanoke city	0.7	499	1,011	3,112.5	150	103	221	96
517700002001	Roanoke city	0.7	493	997	3,102.4	143	101	223	98
517700002002	Roanoke city	0.7	488	983	3,092.3	136	100	226	100
517700002003	Roanoke city	0.7	482	970	3,082.2	129	98	229	102
517700003001	Roanoke city	0.7	477	956	3,072.1	122	97	232	104
517700003002	Roanoke city	0.7	471	942	3,062.1	115	95	235	106
517700003003	Roanoke city	0.7	466	929	3,052.0	108	94	237	108
517700004001	Roanoke city	0.7	460	915	3,041.9	101	92	240	110
517700004002	Roanoke city	0.7	455	902	3,031.8	94	91	243	112

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/ SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
517700004003	Roanoke city	0.8	450	888	3,021.7	87	89	246	114
517700004004	Roanoke city	0.8	444	874	3,011.6	80	88	248	116
517700005001	Roanoke city	0.8	439	861	3,001.6	73	86	251	118
517700005002	Roanoke city	0.8	433	847	2,991.5	65	85	254	120
517700005003	Roanoke city	0.8	428	833	2,981.4	58	83	257	122
517700005004	Roanoke city	0.8	422	820	2,971.3	51	82	259	124
517700005005	Roanoke city	0.8	417	806	2,961.2	44	80	262	126
517700006001	Roanoke city	0.8	411	793	2,951.2	37	79	265	128
517700006002	Roanoke city	0.8	406	779	2,941.1	30	77	268	130
517700006003	Roanoke city	0.8	401	765	2,931.0	23	76	270	132
517700006004	Roanoke city	0.8	395	752	2,920.9	16	74	273	134
517700006005	Roanoke city	0.8	390	738	2,910.8	9	73	276	136
517700007001	Roanoke city	0.8	384	724	2,900.8	2	71	279	138
517700007002	Roanoke city	0.8	379	711	2,890.7	-5	70	282	140
517700007003	Roanoke city	0.8	373	697	2,880.6	-12	68	284	141
517700007004	Roanoke city	0.8	368	683	2,870.5	-19	67	287	143
517700001001	Roanoke city	0.8	362	670	2,860.4	-26	65	290	145
517700001002	Roanoke city	0.8	357	656	2,850.3	-33	64	293	147
517700001003	Roanoke city	0.9	352	643	2,840.3	-40	62	295	149
517700002001	Roanoke city	0.9	346	629	2,830.2	-47	61	298	151
517700002002	Roanoke city	0.9	341	615	2,820.1	-54	59	301	153
517700002003	Roanoke city	0.9	335	602	2,810.0	-61	58	304	155
517700003001	Roanoke city	0.9	330	588	2,799.9	-68	56	306	157
517700003002	Roanoke city	0.9	324	574	2,789.9	-75	55	309	159
517700003003	Roanoke city	0.9	319	561	2,779.8	-82	53	312	161
517700004001	Roanoke city	0.9	313	547	2,769.7	-89	52	315	163
517700004002	Roanoke city	0.9	308	534	2,759.6	-96	50	318	165
517700004003	Roanoke city	0.9	303	520	2,749.5	-103	49	320	167
517700004004	Roanoke city	0.9	297	506	2,739.4	-111	47	323	169
517700005001	Roanoke city	0.9	292	493	2,729.4	-118	46	326	171
517700005002	Roanoke city	0.9	286	479	2,719.3	-125	44	329	173
517700005003	Roanoke city	0.9	281	465	2,709.2	-132	43	331	175
517700005004	Roanoke city	0.9	275	452	2,699.1	-139	41	334	177
517700005005	Roanoke city	0.9	270	438	2,689.0	-146	40	337	179
517700006001	Roanoke city	0.9	265	424	2,679.0	-153	38	340	181
517700006002	Roanoke city	0.9	259	411	2,668.9	-160	37	342	183
517700006003	Roanoke city	1.0	254	397	2,658.8	-167	35	345	185
517700006004	Roanoke city	1.0	248	384	2,648.7	-174	34	348	187
517700006005	Roanoke city	1.0	243	370	2,638.6	-181	32	351	189
517700007001	Roanoke city	1.0	237	356	2,628.6	-188	31	353	191
517700007002	Roanoke city	1.0	232	343	2,618.5	-195	29	356	193
517700007003	Roanoke city	1.0	226	329	2,608.4	-202	28	359	195
517700007004	Roanoke city	1.0	221	315	2,598.3	-209	26	362	196

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/ SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
517700001001	Roanoke city	1.0	216	302	2,588.2	-216	25	365	198
517750101001	Salem city	0.8	622	1,434	1,815.7	225	136	59	28
517750101002	Salem city	1.0	807	1,701	1,758.3	276	114	285	76
517750101003	Salem city	1.3	449	1,496	1,191.8	205	58	63	38
517750101004	Salem city	0.6	574	1,301	2,061.1	218	89	90	34
517750102001	Salem city	0.6	272	1,301	2,152.2	150	27	9	16
517750102002	Salem city	0.4	359	812	2,160.0	232	54	72	15
517750102003	Salem city	0.6	602	1,366	2,276.8	382	81	36	16
517750102004	Salem city	0.6	426	1,042	1,660.2	276	87	11	0
517750102005	Salem city	0.8	609	1,435	1,795.0	419	125	66	31
517750103001	Salem city	1.3	1,132	2,358	1,765.0	440	195	158	68
517750103002	Salem city	0.7	303	578	772.5	128	93	77	37
517750103003	Salem city	0.3	340	664	2,364.3	113	68	137	39
517750103004	Salem city	1.0	389	789	785.2	149	93	39	43
517750104001	Salem city	0.4	5	394	1,109.6	303	0	5	0
517750105001	Salem city	0.4	458	698	1,568.5	475	83	45	30
517750105002	Salem city	1.0	474	1,235	1,289.0	257	58	56	0
517750105003	Salem city	0.7	655	1,335	1,833.3	232	72	123	53
517750105004	Salem city	0.3	514	1,222	3,913.0	221	86	104	31
517750105005	Salem city	1.0	591	1,570	1,642.1	208	126	55	18
517750105006	Salem city	0.4	303	688	1,797.9	105	39	20	15
517750105007	Salem city	0.4	519	1,328	3,088.5	280	95	35	7
515600701001	Clifton Forge city	0.7	453	961	1,455.2	302	78	225	77
515600701002	Clifton Forge city	0.6	432	864	1,554.0	265	80	119	40
515600701003	Clifton Forge city	0.9	580	1,215	1,420.3	253	102	188	71
515600701004	Clifton Forge city	1.0	604	1,249	1,225.2	429	143	254	142
		2,347.0	131,189	286,935	400,495.9	50,034	22,541	35,039	14,666

Appendix G – Statement of Participation

Requested Action

In order to meet the spirit and intent of the SAFETEA-LU legislation and the *Final FTA Guidance on Coordinated Planning Requirements,* workshop participants representing the 21 PDCs are requested to affirm that they have been involved in the coordinated planning process for their region and endorse the output of that involvement, as captured by their local CHSM Plan.

Statement of Participation

> *As a participant and/or stakeholder in the coordinated planning process in the Commonwealth of Virginia for human service and public transportation, I have been invited to participate and provide input into the CHSM Plan for my region. I acknowledge that this CHSM Plan is a legitimate representation of my region's needs, gaps, strategies, and potential projects that will support future funding applications under the Section 5310, S. 5316, and S. 5317 Programs.*

Participating Agency (Please sign your Agency Name only)

- Roanoke Valley-Alleghany Regional Commission

- Roanoke Valley Area Metropolitan Planning Organization

- Transportation Policy Group- Virginia Tech Transportation Institute

- Blacksburg, Christiansburg, Montgomery Area MPO

- New River Valley PDC

- New River Valley Senior Services Inc./ Pulaski Area Transit

- Unified Human Services Transportation Systems, Inc. T/A RADAR

- New River Valley Community Services

- Goodwill Industries of the Valleys, Inc.

- Blacksburg Transit

(Note: The group intends to more formally "endorse" the Plan through the existing MPO process.)

DRPT
Virginia Department of Rail and Public Transportation
The Smartest Distance Between Two Points